



STATE THEATRE

APPLICATION FOR FRONT OF HOUSE STAFF EMPLOYMENT

Applicants are considered for all positions without regard to race, color, national origin, religion, age, genetic information, gender, gender identity, protected disability, marital status, familial status, sexual orientation, veteran status, height, weight or citizenship, or other factors prohibited by law.

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State		ZIP		
Phone	E-mail Address				
Date Available	Desired Hourly Rate				
Position Applied for					
Are you available to work (check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Summer					
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other					
Are you legally authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you now or in the future require sponsorship for emp. visa status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been employed here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date(s):		
Have you filled out an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date(s):		
If you are under 18, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you been convicted of a crime? Answering "yes" will not automatically bar you from employment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please identify:		

EDUCATION INFORMATION							
School Name	Years Completed (circle year completed)				Did you graduate?	Degree/Diploma	Course Studied
	9	10	11	12			
High School					YES <input type="checkbox"/> NO <input type="checkbox"/>		
College/University	1	2	3	4	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate/Professional	1	2	3	4	YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES

Name:	Occupation:	Phone #:
Name:	Occupation:	Phone #:
Name:	Occupation:	Phone #:

List all jobs in order starting with you present or last job.

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, explain

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, explain

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> If no, explain

SPECIAL SKILLS AND QUALIFICATIONS
Summarize special skills and qualifications acquired from employment, military or other experience.

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If workplace accommodations are required, please describe:		

I hereby acknowledge that the information contained in this application is true and accurate. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment. I do hereby authorize the Michigan Theater to check all references and previous employers. If I am employed, I agree to abide by the Michigan Theater's rules and regulations and any changes thereto.

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

FOR MANAGER USE ONLY

Application Received By: _____
Date: _____
Notes: _____ _____ _____ _____