

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_



Employment Application

The Kalamazoo Civic Theatre is an Equal Opportunity Employer. A person with a disability or handicap requiring accommodation for completing this application process should notify the Business Manager as soon as possible. Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants. It is the policy of the Kalamazoo Civic Theatre to afford equal employment opportunity regardless of race, color, age, sex, pregnancy, gender, disability, genetic profile, religion, national origin, ethnic background, sexual orientation, gender identity, military service, citizenship or protected activity. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing 182 days after the need is known.

Full Name (first, middle, last): \_\_\_\_\_

Current Address (street, city, state, zip code): \_\_\_\_\_

Daytime Telephone number (circle one: home / cell) \_\_\_\_\_

Position Desired (include job application number if applicable): \_\_\_\_\_

Date Available: \_\_\_\_\_

1. Are you at least 18 years old? [ ] Yes [ ] No  
Work Permit No. \_\_\_\_\_ (if under 18)

2. Have you ever been convicted of a crime (including misdemeanors)? [ ] Yes [ ] No

3. Are there any felony charges pending against you? [ ] Yes [ ] No

Explain if answering 'Yes' to either question # 3 or #4. (Answering 'Yes' to either question will NOT automatically disqualify you.) \_\_\_\_\_

4. Have you been previously employed by this company or any of its former affiliates? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_

Under what name: \_\_\_\_\_

5. Have you ever submitted an application to this company or any of its former affiliates? [ ] Yes [ ] No

If yes, when: \_\_\_\_\_

Under what name: \_\_\_\_\_

**Complete the following only if the position requires a driver's license (refer to description for job requirements):**

6. Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

7. Has your driver's license ever been revoked, suspended, or restricted? [ ] Yes [ ] No

If yes, for what reason and for how long? \_\_\_\_\_

\_\_\_\_\_

8. List any moving violations during the last three (3) years: \_\_\_\_\_

\_\_\_\_\_

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**Educational History**

9. Circle Last Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12

10. Name of High School: \_\_\_\_\_ or GED: \_\_\_\_\_

State: \_\_\_\_\_

11. SCHOOLS (include trade schools) Attended other than High School	Location (city and State)	Course or Major Studied	Dates Attended	Degree

**Employment History**

12. List below, beginning with the most recent, all present and past employment (use a separate sheet of paper if necessary):

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Company Complete Mailing Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Wage/Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Company Complete Mailing Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Wage/Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Company Complete Mailing Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Hourly Wage/Salary: \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of the Kalamazoo Civic Theatre.

I understand that consideration for employment at the Kalamazoo Civic Theatre is conditional upon a review of my qualifications, work history, references, etc. I authorize the Kalamazoo Civic Theatre to request and obtain verification that the information given by me on this application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and previous employers to cooperate with the Kalamazoo Civic Theatre, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to the Kalamazoo Civic Theatre, in connection with my application for employment with the Kalamazoo Civic Theatre. I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to the Kalamazoo Civic Theatre.

I understand and agree that my employment and compensation is for no definite period of time and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or this company, with or without cause, and with or without any previous notice. I also understand and agree that this company has the right to unilaterally modify and/or terminate its policies, practices, procedures, and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that no company employee or representative, other than the Managing Director, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the Managing Director. I understand that any prior representations, promises, contracts, or statements made by or on behalf of this company are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by the Kalamazoo Civic Theatre, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_