

## **Employment Application**

Please provide complete, accurate and legible information. An incomplete application may affect your consideration for employment.

The Marcus Performing Arts Center is committed to a policy of Equal Employment Opportunity and will not discriminate against any applicant or employee on the basis of race, color, religion, creed, national origin, or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, gender identity, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state and local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal opportunity without imposing undue hardship on the Marcus Performing Arts Center. Please inform the Payroll & Benefits Specialist if you need assistance completing any forms or to otherwise participate in the application process.

General Information:	
Name:	Date:
Address:	
Preferred phone number: ()	Email:
Position desired:	How did you hear about us:
When are you available to work? $\Box$ Mornings $\Box$ After	rnoons 🗆 Evenings 🗆 Weekends 🗆 Anytime
Number of hours per week available to work:	Date available to begin work:
Are you at least 18 years old? (If not, you may be requir	ed to provide authorization to work) $\Box$ Yes $\Box$ No
Are you legally authorized to work in the U.S.? $\Box$ Yes	□ No
Have you ever been convicted of a crime or are you sub	ject to any pending arrests? $\Box$ Yes $\Box$ No
If so, please explain the circumstances of the conviction/	
Have you ever been discharged or asked to resign from	
If yes, please explain:	
Any affirmative responses will not necessary be a bar to e	mployment and will be considered on a case by case basis.

City, State	Years Attended	Degree Received

Employment History:	
Employer:	Dates of Employment:
Address:	
Position held:	Reason for leaving:
Duties:	Pay Rate / Salary :
Supervisor's name & phone number:	May we contact them? $\Box$ Yes $\Box$ No
Employer:	Dates of Employment:
Address:	
Position held:	Reason for leaving:
Duties:	Pay Rate / Salary :
Supervisor's name & phone number:	May we contact them? $\Box$ Yes $\Box$ No
Employer:	Dates of Employment:
Address:	
Position held:	Reason for leaving:
Duties:	Pay Rate / Salary :
Supervisor's name & phone number:	May we contact them? $\Box$ Yes $\Box$ No

nces:				
Name	Company & Title	Contact Information	Relationship	

By signing below, I certify that all information and answers provided herein are true and complete to the best of my knowledge. Further, I authorize contact of my past supervisors and references, as well as investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Finally, I understand that false or misleading information given in this application, related communications, or interviews may result in disqualification as a candidate, rescission of an offer of employment, or termination of employment.

Signature of applicant: \_\_\_\_\_\_

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