

Lincoln Amphitheatre

2010 Application for Employment

| | | | |
|--------------------------------|-------|----------|---------|
| *** OFFICE USE ONLY *** | | | |
| Interviewer: | Dept: | Prefer: | Actual: |
| Interviewer: | Dept: | | |
| Interviewer: | Dept: | Entered: | |

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis, including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PLEASE PRINT ALL INFORMATION Today's Date: _____

Personal Information

 Last Name First Middle Cell Phone Number ()

 Street Address City State ZIP Telephone Number ()

 Mailing Address (if different from street address)

 Previous Address (if moved within last 5 years) City State ZIP

E-Mail Address: _____

Are you **prevented** from legally becoming employed in this country because of visa or immigration status? **YES or NO**

Position Desired: _____ Salary Desired: _____

Have you ever applied to this company before? **YES or NO** If **YES**, when? _____

For what position? _____

Social Security Number: _____ ***** SSN Is Required *****

Have you ever been convicted of a crime other than minor traffic violations? Conviction will not be an absolute bar to employment.

YES or NO If **YES**, please provide information, including the State where you were convicted.

Educational History

| Education | Name & Location of School | # of Years Attended | Currently attending? | Subjects Studied |
|-----------|---------------------------|---------------------|----------------------|------------------|
| College: | | | | |
| College: | | | | |
| Other: | | | | |

Employment Record

Please include all employment for the last five years, starting with the most recent job first.

| Date (Month & Year) | Name, Address & Telephone # of Employer | Salary | Position | Reason for Leaving |
|---------------------|---|--------|----------|--------------------|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

References (Please do not include relatives)

| Name | Address and/or Telephone Number | Business/How Acquainted | Years Acquainted |
|------|---------------------------------|-------------------------|------------------|
| | | | |
| | | | |
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"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company."

Signature: _____ **Date:** _____

Release Form for Consumer Reports

In connection with my application for employment, I understand that consumer reports or investigative consumer reports, which may contain public record information, may be requested or made on me including: consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims, and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, Local, and other agencies, which may contain my past activities. I hereby authorize, without reservation, any party or agency contacted by this employer or any agent acting for this employer to furnish the above-mentioned information. I have the right to make a request of Lincoln Boyhood Drama Association, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.

Signature: _____ **Date:** _____ **Driver's License Number:** _____