

# EVANSTON FESTIVAL THEATRE, INC.

## Application for Employment

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE:	
NAME:	
ADDRESS:	
HOME PHONE:	
CELL PHONE:	
EMAIL ADDRESS:	
DATE OF BIRTH:	
SSN#:	

Are you a U.S. Citizen or are you otherwise authorized to work in the U.S. without any restrictions?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If so, please describe the circumstance: \_\_\_\_\_

\_\_\_\_\_

Have you ever been involuntary terminated or been asked to resign from any position of employment?  Yes  No

If so, please describe the circumstance: \_\_\_\_\_

\_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test?  Yes  No

Custer Street Fair runs from June 20<sup>th</sup> – 21<sup>st</sup>. Are you also willing to work June 19<sup>th</sup> for fair set-up?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?  Yes  No

If no, please describe the accommodation needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION (Highest Level of education received)			
School Name	Years Attended	Degree Received	Major

Other training, certifications or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

EMPLOYMENT (Most recent first)	
Employer: _____	_____
Job Title: _____	_____
Dates Employed: _____	_____
Starting Salary: _____	Ending Salary: _____
Duties Performed: _____	_____
Reason for Leaving: _____	_____
Supervisor: _____	_____
Contact telephone number: _____	_____
Employer: _____	_____
Job Title: _____	_____
Dates Employed: _____	_____
Starting Salary: _____	Ending Salary: _____
Duties Performed: _____	_____
Reason for Leaving: _____	_____
Supervisor: _____	_____
Contact telephone number: _____	_____
Employer: _____	_____
Job Title: _____	_____
Dates Employed: _____	_____
Starting Salary: _____	Ending Salary: _____
Duties Performed: _____	_____
Reason for Leaving: _____	_____
Supervisor: _____	_____
Contact telephone number: _____	_____

**ACKNOWLEDGEMENT OF AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that also, that I am required to abide by all rules and regulations of the employer.

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Signature of applicant

Date