Port Theater - Employment Application Form

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

	APPLICANTS	MAY BE TESTED FO	OR ILLE	GAL DRI	JGS ————	
PLEASE COMPLETE	PAGES 1-4		[DATE		
Name						
	Last	First		Middle		Maiden
Present address						
	Number	Street	City	State	Zip	
How long						
Telephone ()						
If under 18, please list	age	<u></u>				
Position applied for (1	1		-		ailable to work	
))				Thur Fri	
(Be specific)			Tue _		Sat Sun	
					Suii	
How many hours can y	ou work weekly?		_ Can y	you work	nights?	
Employment desired	□FULL-TIME ONLY	□PART-TIME	ONLY	□F	ULL OR PART-	ГІМЕ
What date are you ava	ilable for work?					
Are you authorized to	legally work in the United S	States for Port Theate	r?	Yes _	No	
TYPE OF COLLOOL	NAME OF COLIOO	LOCATION		WINDED	OF VEADO	MA IOD 0
TYPE OF SCHOOL	NAME OF SCHOOL	(Complete mailing		-	OF YEARS PLETED	MAJOR & DEGREE
High School		address)				
College						
Bus. or Trade School						
Professional School						
FTOTESSIONAL SCHOOL						
HAVE YOU EVER BE	EN CONVICTED OF A CR	IME? □ No		☐ Yes	;	
	of conviction(s), nature of (s) imposed, and type(s) of r			n(s), how	recently such o	offense(s) was/were
committed, sentence(s	, imposeu, and type(s) of t	ciiaviiitatiUH.				

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APPLICATION FOR EMPLOYMENT

DO YOU HA	AVE A DRIVER	R'S LICEN	NSE? □	Yes 🗖	No					
What is you	r means of tra	nsportatio	n to work? _							
	nse ate			ate of is:	sue _		☐ Operator	□ Com	mercial (CDL)	□Chauffeur
_	ad any accider ad any moving	-	-	-		s?			any? any?	
					OFFIC	CE ONLY				
Typing	□ Yes □ No		WPM	10)-key	☐ Yes ☐ No	Word Proces	ssing	☐ Yes ☐ No	WPM
Personal Computer	□ Yes □ No	□ Mac	□ PC				Other_			_
Please list to	wo references	other tha	n relatives o	rpreviou	s emp	loyers.				
Name					_	Name _	<u>_</u>			
Position					_	Position	_			
Company _					_	Compan	у _			
Address					_	Address	_			
Telephone	()				_	Telepho	ne <u>()</u>			
	v to summarize								plete backgrou s for the specif	

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APPLICATION FOR EMPLOYMENT

	MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES?	☐ Yes □	⊐ No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUA		⊒ Yes 💷 I	Nο			
	Date Entered			2		
	Date Efficied		blocharge bate			
Work Please list your work experience for the Experience If you were self-employed, give firm n				job held.		
Name of employer Address		e of last ervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number			From	Start		
			То	Final		
	Your last	job title				
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.						
Name of employer Address		e of last ervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number	<u>-</u>		From	Start		
			То	Final		
Your Last Job Title						
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or le	earned, advancem	ents or pror	notions while you worl	ked at this company.		

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DUICATION FOR EMPLOYMENT	

APPLICATION FOR EMPLOYMENT

Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
There is in a line of				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, skil	lls used or I	learned, a	advancements or pror	motions while you wor	ked at this company.
Name of employer Address			Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for leaving (be specific)					
List the jobs you held, duties performed, skil	lls used or l	earned, a	advancements or pror	notions while you wor	ked at this company.
May we contact your present employer? Did you complete this application yourself		□ No □ No			