



## Employment Application

| APPLICANT INFORMATION   |       |            |                |
|---|-------|------------|----------------|
| Last Name   | First | MI         | Date           |
| Street Address  |       | Apt/Unit # |                |
| City  |       | State      | Zip            |
| Home Phone  |       | Cell Phone |                |
| Email Address   |       |            | Date Available |
| Position Applied for  |       |            | Desired Salary |
| Are you a Citizen of the United States?      Yes <input type="checkbox"/> No <input type="checkbox"/>                 |       |            |                |
| If no, are you authorized to work in the United States?      Yes <input type="checkbox"/> No <input type="checkbox"/> |       |            |                |
| Have you ever worked for this company?      Yes <input type="checkbox"/> No <input type="checkbox"/>                  |       |            |                |
| If yes, when?   |       |            |                |

| EDUCATION   |    |   |        |
|-------------|----|---|--------|
| High School |    | Address   |        |
| From        | To | Did you Graduate?      Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| College     |    | Address   |        |
| From        | To | Did you Graduate?      Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |
| Other       |    | Address   |        |
| From        | To | Did you Graduate?      Yes <input type="checkbox"/> No <input type="checkbox"/> | Degree |

| REFERENCES                                       |              |
|--|--------------|
| <i>Please list three professional references</i> |              |
| Full name  | Relationship |
| Address  | Phone Number |
| Company  | Position     |
|  |              |
| Full name  | Relationship |
| Address  | Phone Number |
| Company  | Position     |
|  |              |
| Full name  | Relationship |
| Address  | Phone Number |
| Company  | Position     |

**PREVIOUS EMPLOYMENT**

|   |    |                          |                          |
|---|----|--------------------------|--------------------------|
| Company   |    | Phone (     )            |                          |
| Address   |    |                          |                          |
| Job Title                                       |    | Supervisor               |                          |
| Responsibilities                                |    |                          |                          |
| From  | To | Reason for Leaving       |                          |
| May we contact your supervisor for a reference? |    | Yes                      | No                       |
|   |    | <input type="checkbox"/> | <input type="checkbox"/> |
| Company   |    | Phone (     )            |                          |
| Address   |    |                          |                          |
| Job Title                                       |    | Supervisor               |                          |
| Responsibilities                                |    |                          |                          |
| From  | To | Reason for Leaving       |                          |
| May we contact your supervisor for a reference? |    | Yes                      | No                       |
|   |    | <input type="checkbox"/> | <input type="checkbox"/> |
| Company   |    | Phone (     )            |                          |
| Address   |    |                          |                          |
| Job Title                                       |    | Supervisor               |                          |
| Responsibilities                                |    |                          |                          |
| From  | To | Reason for Leaving       |                          |
| May we contact your supervisor for a reference? |    | Yes                      | No                       |
|   |    | <input type="checkbox"/> | <input type="checkbox"/> |

**Military Service**

|                                  |                   |    |  |
|----------------------------------|-------------------|----|--|
| Branch                           | From              | To |  |
| Rank at Discharge                | Type of Discharge |    |  |
| If other than honorable, explain |                   |    |  |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I agree to have a drug test before being employed with the Ross Ragland Theater.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Additional Application questions:

1. Please share your previous experience/employment in positions within the performing arts and/or working with children.
2. Our Camp schedule is Monday – Friday from 8am – 4pm, July 22-August 9 with our final performances being on Saturday, August 10. Do you have any conflicts with the camp schedule?
3. Why would YOU be a good fit for our summer camp staff?
4. Is there any other important information about you that you think RRT should know?