Thomasville Center for the **Arts** Application for Employment

(Please Print)						
Date of Application: _		Position(s) Applied For:				
Desired Salary: _						
Referral Source	OnlineEmployment Agency	□ Friend □ Relative	□ Walk-In □ Other			
Name:						
Address:						
Telephone:	Date o	of Birth:				
Have you filed an app	olication here before? 🛛 Yes	□ No If yes, give	e date			
Have you ever been employed here before? 🗆 Yes 🛛 No If yes, give date						
Are you employed no	Are you employed now? 🛛 Yes 🗆 No May we contact your present employer? 🗆 Yes 🗆 No					
Are you a U.S. citizen?	? 🗆 Yes 🗆 No 🏼 If no, do yc	ou have a permit to	work in the U.S.? 🗆 Yes 🛛 No			
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No. (proof of citizenship or immigration status will be required upon employment)						
On what date would you be available for work?						
Are you available for 🛛 🗆 Full Time 🗆 Part Time 🗆 Shift Work 🗆 Temporary or Seasonal						
Are you on lay-off and subject to recall? 🛛 Yes 🗆 No						
Can you travel if a job	o requires it? 🛛 Ye	s 🗆 No				
Have you been convicted of a felony within the last 7 years? Ves Ves No (Conviction will not necessarily disqualify applicant from employment)						
If Yes, please explain						
Are you a veteran of	the U.S. Military service? 🛛 Ye	es □ No				

Indicate languages you speak, read and /or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held:

(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other status)

Provide name, address, and telephone number for three work references who are not related to you:

Education:

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training Apprenticeship, Skills & Extra- Curricular Activities				

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations?

Yes
No

What reasonable accommodations, if any, would you request?

Employment History:

Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent. Also list and explain any gaps in employment. If additional space is needed, you may continue on the back of this page.

Company Name	Address	Position	Employment Dates

Applicant's Statement

I certify that the answers given 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 period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

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

Signature of the applicant

Date

It is the policy of Thomasville Center for the Arts to provide equal employment opportunities to all qualified persons without regard to race, color, religion, gender, national origin, disability, or sexual orientation.

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