

# VICTORIA THEATRE ASSOCIATION

## APPLICATION FOR EMPLOYMENT

**Date** \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Position applied for \_\_\_\_\_ Expected Earnings \_\_\_\_\_

### 1. Education

Type of School	Name/Address	Major	Years Completed	Degree Obtained
High School				
College				
Graduate School				
Business or Trade School				
Correspondence or Night School				

Scholastic Standing in High School: \_\_\_\_\_ In College: \_\_\_\_\_

Extracurricular Activities in College (other than those which identify your race, religion, gender, or national origin):

\_\_\_\_\_  
\_\_\_\_\_

Special Skills or Abilities:

\_\_\_\_\_  
\_\_\_\_\_

2. Work History (Including U.S. Military Service)

List below the names of all former employers beginning with the most recent:

Employer's Name Business Address Immediate Supervisor Telephone Number	Start Date Month/Year	End Date Month/Year	Reason for Leaving
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	____/____	____/____	
	____/____	____/____	
	____/____	____/____	
	____/____	____/____	

3. Please state briefly why you would like to work for this Company:

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4. The Company hires only U.S. Citizens and aliens lawfully authorized to work in the U.S. Are you a U.S. Citizen or an alien lawfully authorized to work in the U.S.? (please circle one) Yes or No

5. I have read (or had read to me) a description of the job for which I am applying and I understand what is necessary to perform the essential functions of the job. I affirm that I can perform the essential functions of the job with or without reasonable accommodation. Yes or No

6. I understand that the Company has adopted a "smoke-free workplace" policy? Yes or No

7. I agree to provide a body substance sample (e.g. blood, urine) to the Company for testing at the Company's expense. I understand that any offering of employment is contingent upon the results of testing. In the event such test reveals the use of a prescription medication which could adversely affect my job performance, I agree to provide the Company with proof of prescription upon request. Yes or No

8. I understand that any offer of employment in the House, Facilities, or Property Management departments is contingent on the satisfactory results of a medical examination designed to determine my physical ability to perform the essential functions of the job. I agree to submit to such an examination upon receipt of an offer of employment in one of these departments. Yes or No

9. I affirm that the information provided in my resume and my answers to the foregoing questions are complete, true and correct and that I have not knowingly withheld any fact or circumstance which could be construed by the Company to be material. I understand that any omission or misrepresentation of such information will subject me to dismissal from the Company. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE AND WITHOUT CAUSE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF THE VICTORIA THEATRE ASSOCIATION OTHER THAN THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Federal Law prohibits discrimination in employment based upon race, color, religion, disability, sex, age, veteran status or national origin.