



Employment Application

Stage Presence Performing Arts Studio is proud to be an Equal Opportunity Employer

*Applications must be typed or printed in blue or black ink.

Personal Information			DATE: / /	
Name:		Date of Birth / /	Social Security Number - -	
Present Address:		Apt#	City:	State: Zip Code:
Permanent Address: (Street or P.O. Box)		Apt#	City:	State: Zip Code:
Day Phone: ()- -	Alternate Phone (cell): ()- -		Email Address:	
Referred by:		Or how did you hear about this position?		

Employment Desired				
Position Desired:		Date you can start: / /	Salary Desired: \$	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied to Stage Presence before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

Education History			
Name and location of school	Years attended	Did you graduate?	Degree/Certificate Attained
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills -Enter the any computer skills, teaching skills, and any other skills you deem applicable for this position.

Please indicate what type of skills you have pertaining to the position you desire to fill:

Former Employers- List the names of your three (3) most current employers.					
Date (Month and Year)		Name and Address of Employer	Salary	Position	Reason for leaving
From	To		\$		
From	To		\$		
From	To		\$		

References- Give the names of three (3) persons not related to you, whom you have known at least one (1) year.			
Name	Address	Business	Years Known

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by and authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Printed Name	Applicant Signature	Date
Interviewed by:	Position:	Date: / /

Remarks:					
<i>For Office Use Only</i>					
Neatness:	Personality:	Character:	Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Department:	Salary: \$