An Equal Opportunity Employer

17801 Detroit Avenue



APPLICATION FOR EMPLOYMENT

(*Please read before filling out this application*)

This institution does not discriminate in hiring or employment on the basis of race, color, sex, religion, marital status, qualified disability, national origin, or age. No question on this application is intended to secure information to be used for such discrimination. Please be advised that we intend to check on and hold you responsible of the accuracy of the statements you make on this application. This application will be kept for one year. If you wish to receive further consideration for employment after one year, it will be necessary to submit another form.

Legal Name:	SSN: Application Date:			
Title of Position(s) Applied for:				
a	Type of Work Desired:			
b	Full Time		Part Time	
Mailing Address(es)				
Present: Street Address				710
	City		State	ZIP
Permanent:Street Address	City		State	ZIP
Phone Numbers				
Cell	Home		Bu	siness
Date Available to Begin Work	Salary or Hourly Wage Desired			
	\$			per year
	\$			per hour
Citizenship/Visa Status:				
Are you eligible to work in the United States?	Yes	No		
Have you ever been convicted of a crime other th	an a minor misd	emeanor?	Y	Yes No
If the answer is Yes, please give details (a conviction	n will not necessa	rily exclude	e you from	consideration):

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Military Data:

May inquiry be made of your present and previous em	ployers	Yes	No
Date Entered Service:	Discharge Date:		
(b) If the answer to (a) is Yes, please indicate the bran	ch of service:		
(a) Have you served in the US Armed Services?	Yes	No	

regarding you character, qualifications, etc?

Amount of resignation notification required by your present employer:

References: List three references (not relatives or employers):

	Name		Address		
	Phone #	Alternate Phone #	Occ	cupation	
(b)					
(0)_	Name		Address		
	Phone #	Alternate Phone #	Occ	cupation	
(c)					
()_	Name		Address		
			Occupation		
	Phone #	Alternate Phone #	Oce	cupation	
icenses	and Certifications – List the field			*	
icenses (a)	and Certifications – List the field	s of work for which you are l	licensed, registered,	or certified.	
		s of work for which you are l		or certified.	
(a) _	and Certifications – List the field Type of License/Certification	s of work for which you are I	licensed, registered,	or certified.	
	and Certifications – List the field	s of work for which you are I	licensed, registered,	or certified.	
(a) _	and Certifications – List the field Type of License/Certification	s of work for which you are I Issued by Issued by Issued by	Licensed, registered,	*	

you are proficient.

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		17601 Denon Avenu	ie	
Education –	Give your complete educ	cation history below:		
	H.S. Graduate	GED/H.S. Equiv	alency	Some H.S.
Associate Degree	Name of School	# of Years	Graduation Date	Degree in/Major
4-Year College	Name of School	# of Years	Graduation Date	Degree in/Major
Masters Degree	Name of School	# of Years	Graduation Date	Degree in/Major
Doctorate	Name of School	# of Years	Graduation Date	Degree in/Major
Employment	Record – Answer quest	ions for each prior place of	f employment, including	g military service.
	position:		rting Fir ary \$Sal	ary \$
Emplo	oyer Address:			
Date H	Employed:	Date Separated:	Full	Time Part Time
Superv	visor:	Sı	pervisor Title:	
Numb	er of employees supervis	sed by you:		
Job Di	uties:			
Reaso	n for Leaving:			

Beck Center

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	An Equal Opportunit	y Employer		-FOR THE
	17801 Detroit A	venue		art
b) Title of former position:		0	Final Salary \$	
Employer:		_Employer Phone: _		
Employer Address:				
Date Employed:	Date Separated: _		Full Time	Part Time
Supervisor:		Supervisor Title:		
Number of employees su	pervised by you:			
Job Duties:				
Reason for Leaving:				
e) Title of former		Starting	Final	
Employer:		_Employer Phone: _		
Employer Address:				
	Date Separated: _		Full Time	Part Time
Supervisor:		Supervisor Title:		
Number of employees su	pervised by you:			
Job Duties:				
Decrea for L				

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AFFIDAVIT <u>Please Read Carefully</u> APPLICATION FORM DISCLAIMER

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like, or other Institution practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and the Beck Center for the Cultural Arts may end any employment relationship at any time, without specified notice or reason.

If employed, I understand that the institution may unilaterally change or revise its benefits, policies, and procedures and such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application and hereby give the Institution permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Institution from any liability as a result of such contact.

I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I further understand that an employment relationship with the Institution is terminable at will for any reason by either party.

Applicant's Signature:

Date: