

Annette Howell Turner Center for the Arts

Application for Employment

An Equal Opportunity Employer

The Turner Center for the Arts does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. Please print legibly, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job-related information.

General Information

Job Applied For: _____ Today's Date: ___/___/___ Available Start Date: ___/___/___

Full Name: _____ Phone: ___-___-___ Email: _____@_____

Address: _____ City: _____ State: _____ Zip: _____

Are you 18 years of age or older? Yes ___ No ___

Social Security #: _____-_____-_____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes ___ No ___

Do you now, or will you ever require sponsorship? Yes ___ No ___

Candidate Background

Have you ever applied to the Turner Center for the Arts before? Yes ___ No ___ If yes, when? _____

Have you previously been employed by the Turner Center for the Arts? Yes ___ No ___ If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" and/or "no contest." Exclude Minor Traffic violations. Yes ___ No ___ Explain: _____

If employed, do you expect to be engaged in any additional business or employment outside of this position? Yes ___ No ___

If yes, give details: _____

Please list professional, trade, business or civic activities offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

Do you have a valid Drivers License? Yes ___ No ___ License Number: _____ State: _____ Class: _____

If hired, candidate must submit to a criminal background check.

Education History

Please list all schools attended beginning with High School. If no degree received, respond N/A.

Name:	Years Attended:	Degree Received:	Major:	GPA:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever worked or attended school under any other names? Yes ___ No ___ If yes, please list: _____

Were you the recipient of any academic honors or awards? If yes, please list. _____

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Employment History

List names of employers in consecutive order with present or newest employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give business name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employees.

Name of Employer	Job Title and Duties
Address	Dates of Employment (MO/YR)
Supervisor Name	Supervisor Contact Phone: _____ Email: _____
Reason For Leaving	Beginning/Ending Pay

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Have you ever been fired from a job or asked to resign? Yes ___ No ___ If yes, explain: _____

Please provide three (3) references, not relatives or former employers:

Name	Email	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, I may be required to complete a pre-placement physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DO NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE EXECUTIVE DIRECTOR OR EXECUTIVE BOARD PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE DIRECTOR OR PRESIDENT, AND THE EMPLOYEE. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____