



## Application for Employment

The Palace Performing Arts Center Inc. (PPAC) considers all applicants for employment without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local law.

**To receive proper consideration, ALL questions must be answered completely. Résumés are not a substitute for a completed application.**

**Applicant Information:**

Last Name	First Name	Middle Initial
Street Address	City, State	Zip
Phone	Email (optional)	
Are you over 18?	If not, do you have working papers?	

**Position of Interest:** \_\_\_\_\_

Type of employment desired?  Full-time  Part-time (Specify Hours): \_\_\_\_\_

Have you previously applied for employment with this Organization?  Yes  No

If Yes, when and where did you apply? \_\_\_\_\_

Do you have any relatives or personal friends employed by this Organization?  Yes  No

If Yes, provide full name, relationship and position held: \_\_\_\_\_

Have you ever been employed by this Company?  Yes  No

If Yes, provide dates of employment, location and reason for separation from employment: \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

**Education History:**

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed
High School				
College				
Other such as Trade School				

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, PPAC will verify the status of every individual offered employment. In connection with these laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to confirm your identification and employment authorization after an offer of employment is made.

**Are you currently authorized to work for all employers in the United States on a full-time basis, or only for your current employer?**  All  Current

**Employment History:**

List the names and addresses of your present and/or previous employers in chronological order beginning with your most recent employer first. Provide information for at least the most recent ten (10) year period and attach additional sheets if needed. If self-employed supply the firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer Name / Address	Position Held:	Salary/Wage per hour
Reason for Leaving	Supervisor Name	Supervisor Telephone
Start Date	End Date	May we contact employer? YES / NO If No, why not?

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Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, how many times? \_\_\_\_\_  
 Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_  
 Have you ever been given the choice to resign rather than be terminated  Yes  No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT CERTIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

**\* DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION \***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY			
Interview Date:	Interviewed By:	Position:	Shift:
Offer Date:	Offered By:	Original Date of Hire:	Start Date (if different):



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## AUTHORIZATION For the Release of Personal Data & Record Information

Date: \_\_\_\_\_

To Whom It May Concern:

I hereby authorize a request made of any present or former employer, school, police department, financial institution or other person(s) having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information base upon this authorized request.

I understand this authorization is to be part of the written employment application which I sign.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Print FULL Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth (for identification purposes only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number (for identification only): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name Change (through marriage or otherwise) Print any other names you have used below:

\_\_\_\_\_