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**Employment Application**

**An Equal Opportunity Employer**
Community Circle Players, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

***Please print and fill out all sections.***

**Applicant Information**

Applicant Name Click here to enter text.

Home Phone Click here to enter text. Cell Phone Click here to enter text.

Email AddressClick here to enter text.

Current Address:
Number and street Click here to enter text.

CityClick here to enter text. State & ZipClick here to enter text.

What days and hours are you available for work?Click here to enter text.

Can you work on the weekends? [ ] Yes or [ ] No

Can you work evenings? [ ]  Yes or [ ]  No

If hired, would you have transportation to/from work? [ ] Yes or [ ]  No

If hired, on what date can you start working? Click here to enter text.

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [ ] Yes or [ ] No

Are you legally authorized to work in the United States? [ ] Yes or [ ] No

Have you ever been convicted of a felony or misdemeanor within the last seven (7) years? [ ] Yes or [ ] No

If yes, please identify the crime, when and where you were convicted and the disposition of the case. Click here to enter text.

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Education, Training and Experience**

**High School:**
School name: Click here to enter text.

School address:Click here to enter text.

School city, state, zip:Click here to enter text.

Did you graduate? [ ] Yes or [ ] No

**Employment History**

Are you currently employed? [ ] Yes or [ ] No

If you are currently employed, may we contact your current employer? [ ] Yes or [ ] No

**Below, please describe your most recent employment position.**

Name of Employer:Click here to enter text.

Name of Supervisor:Click here to enter text.

Telephone Number:Click here to enter text. Business TypeClick here to enter text.

Address:Click here to enter text. City, state, zipClick here to enter text.

Length of Employment (Include Dates): Click here to enter text.

Position & Duties:Click here to enter text.

Reason for Leaving: Click here to enter text.
May we contact this employer for references? [ ] Yes or [ ] No

**References -** List below two persons who have knowledge of your work performance within the last four years.

1. Name - First, Last: Click here to enter text.

Telephone Number:Click here to enter text.

Address:Click here to enter text.

City, state, zip:Click here to enter text.

Number of Years Acquainted:Click here to enter text.

1. Name - First, Last: Click here to enter text.

Telephone Number:Click here to enter text.

Address:Click here to enter text.

City, state, zip:Click here to enter text.

Number of Years Acquainted:Click here to enter text.

**Please Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Riverwalk Theatre, will result in my immediate dismissal. \_\_\_\_\_

I understand that if I am employed, my employment is at will and not for any definite period. I also understand that my employment may be terminated by Riverwalk Theatre with or without notice, or by me with two weeks’ notice. \_\_\_\_\_

I permit Riverwalk Theatre to obtain and examine my references, record of employment, education record, and any other information I have provided, and I agree to sign the necessary releases to enable Riverwalk Theatre to do so. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Riverwalk Theatre, my former employers & all other persons, corporations, partnerships & associations and their directors, employees and agents, from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.\_\_\_\_\_

**Applicant's Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**Click here to enter text.

Deliver completed application to: **or** Mail completed application to:

**Riverwalk Theatre Riverwalk Theatre**

**228 Museum Drive PO Box12249**

**Lansing, Michigan 48933 Lansing, MI 48901**