

Children's Theatre of Charlotte

APPLICATION FOR EMPLOYMENT

NOTE: ALL APPLICANTS MUST COMPLETE AN APPLICATION IN FULL EVEN IF THEY SUBMIT A RÉSUMÉ. APPLICATIONS RECEIVED THAT ARE UNSIGNED OR INCOMPLETE WILL NOT BE CONSIDERED. IF YOU BELIEVE YOU REQUIRE A REASONABLE ACCOMODATION TO COMPLETE THIS FORM OR TO PARTICIPATE IN AN INTERVIEW, PLEASE LET US KNOW.

CHILDREN'S THEATER OF CHARLOTTE CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE, OR LOCAL LAW.

DATE OF APPLICATION: _____

Applicant Data

Name:

Last First Middle

Current Address:

Address Apt. #

City State Zip

Home Phone: () - _____ Work Phone: () - _____

Cell Phone: () - _____ E-mail: _____

What is the best time to call you at home? _____

If you are under 18 years of age, can you submit a work permit after an offer of employment has been made? Yes No

Can you, within three days of beginning employment, submit verification of both your identity and your authorization to work in the U.S. pursuant to federal law? Yes No

Position Desired

For which position are you applying? _____

How were you referred to Children's Theatre of Charlotte (CTC)? (Indicate name of source.)

Advertisement _____ Agency _____
 School _____ Walk-In _____
 CTC Employee or Volunteer _____ Other _____

What are your compensation expectations? \$ Per Hour: _____ \$ Per Year: _____

Have you been previously employed by CTC? Yes No
If Yes, when? _____

What type of employment are you seeking? Full Time Part Time Temporary/Seasonal

When could you start employment? _____

Employment History

How many different employers have you worked with in the past 5 years? _____

Have you ever been involuntarily terminated or asked to resign from an employer? Yes No

If yes, please explain all occurrences below: _____

May we contact your current employer? Yes No

May we contact your former employers? Yes No

Employment Record

List your current or most recent employer first. Include military service and/or any periods of self-employment. You must account for your three (3) most recent employers or a maximum of five (5) years of your most recent employment history.

Present or Last Employer

Company: _____
 Address: _____
 Telephone: () - _____ Dates Employed: From: _____ To: _____
 Starting Position: _____
 Last Position or Position on Leaving: _____
 Last Supervisor's Name: _____ Supervisors email: _____
 Reason for Leaving (be as specific as possible): _____
 Description of Duties: _____
 Starting Salary: \$ _____ Current Salary or Salary on Leaving: \$ _____

Previous Employer

Company: _____
 Address: _____
 Telephone: () - _____ Dates Employed: From: _____ To: _____
 Starting Position: _____
 Last Position or Position on Leaving: _____
 Last Supervisor's Name: _____ Supervisors email: _____
 Reason for Leaving (be as specific as possible): _____
 Description of Duties: _____
 Starting Salary: \$ _____ Current Salary or Salary on Leaving: \$ _____

Next Previous Employer

Company: _____
 Address: _____
 Telephone: () - _____ Dates Employed: From: _____ To: _____
 Starting Position: _____
 Last Position or Position on Leaving: _____
 Last Supervisor's Name: _____ Supervisors email: _____
 Reason for Leaving (be as specific as possible): _____
 Description of Duties: _____
 Starting Salary: \$ _____ Current Salary or Salary on Leaving: \$ _____

Periods of Unemployment During the Past Five (5) Years

Please give specific reasons for each time period.

From: _____	Reason:	
To: _____		
From: _____	Reason:	
To: _____		
From: _____	Reason:	
To: _____		

Education

	Name & City of Each School	Graduated	Degree Awarded
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Formal Education		Results:	

What special skills, training, or knowledge do you have that will help you qualify for employment? (Please list.)

Special / Technical Skills (Please list the skills you have and, where appropriate, type of program used or speed.)

- Computer Software: _____
- Computer Hardware: _____
- Office Equipment: _____
- Other Skills: _____

Other Information

Have you ever been convicted or pleaded guilty to a crime that has not been annulled, expunged or sealed by a court? Yes No

(A conviction does not automatically disqualify you from consideration for employment.)

If yes, please explain: _____

Do you have a valid NC Driver's License? Yes No Have you ever been bonded? Yes No
 If yes, by which employer(s)? _____

Are you acquainted with anyone currently working at Children's Theatre of Charlotte? (List below.)

Name	Relationship	Department
Name	Relationship	Department

Professional References

Please give the names of three references from your professional or academic life.

1. **Name:** _____ **Phone:** () - _____
Address: _____
2. **Name:** _____ **Phone:** () - _____
Address: _____
3. **Name:** _____ **Phone:** () - _____
Address: _____

PLEASE READ and SIGN:

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate termination of employment.

Unless I noted otherwise, I authorize Children’s Theatre of Charlotte (“CTC”) to contact all my employment references, as well as the educational institutions I have attended. I further authorize CTC to inquire about, investigate and obtain copies of any records that relate to me from my former employers and educational institutions. I hereby release CTC and all affiliated persons and entities, as well as any person or institution that provides CTC with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

If hired, I agree to abide by all of the lawful rules and regulations of CTC. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of CTC or myself. I further understand that no representative or agent of CTC other than the Manager of Human Resources and the Executive Director have the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing. I also understand that any oral statement or promise to the contrary is not binding CTC and any agreement modifying the terms or conditions mentioned in this employment application as well as any terms or conditions of employment, including modifying my at-will employment status, must be in writing and signed by the Manager of Human Resources or the Executive Director. In addition, I understand that CTC shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

I understand that any hiring decision is contingent upon my successful completion of all of CTCs lawful pre-employment checks including a criminal background check. I agree to immediately notify CTC if I should be convicted of or plead guilty to a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending or during my period of employment, if hired. I agree to execute any consent forms necessary for CTC to conduct its lawful pre-employment checks.

Applicant’s Signature: _____

Print Full Name: _____ **Date:** _____

TO BE COMPLETED BY APPLICANTS FOR POSITIONS WITH DRIVING RESPONSIBILITIES ONLY
Driver Experience & Qualifications

License Information

	State	License No.	Type/Class	Expiration Date
Driver's Licenses				

Is/Are the above listed license(s) current valid? Yes No
 Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 Has any license, permit, or privilege ever been suspended or revoked? Yes No

Driving Experience

Class of Equipment	Type of Equipment (Vans, Tank, Flat, etc.)	Dates		Approx. # of Miles Totals
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor-Two Trailers				
Other				

List states operated in for the last five years: _____
 List special courses or training that will help you as a driver: _____
 Which Safe Driving Records do you hold and from whom? _____

“At Fault” Accident Record for the Past 5 Years

Attach additional sheets if more space is needed.

	Date	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions & Default Convictions for the Past 5 Years (Do not include parking violations.)

City & State	Date	Charge	Penalty

Other

Do you have any trucking, transportation, or other experience that may help in your work for this agency?
 (If so, please list.) _____

Have you taken any courses and/or training other than the ones shown elsewhere in this application?

Do you have any special equipment or technical materials that you can work with?
