

EMPLOYMENT APPLICATION

Please print clearly in ink or type.
Answer all questions fully; avoid 'see resume' as a response.

Name (Last, First & MI)	Social Security Number	Application Date (Mo., Day & Yr.)
Address (No., Street, City or Town, State & Zip Code)	Home Telephone Number	Work Telephone Number
How were you directed to August Wilson Center? <input type="checkbox"/> School <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> AWC Referral <input type="checkbox"/> Other	Name of Agency or Employee	
Position For Which You Are Applying	Date Available	Annual Salary Requirement

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible to work in the United States?
<input type="checkbox"/>	<input type="checkbox"/>	Are you at least 18 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a crime involving fraud, dishonesty or breach of trust? (If the records of a conviction have been sealed, you may exclude that conviction from your answer.)

Please complete this section only if this position requires the use of a company car or driving a vehicle for company business.

Operator's License Number	License State	Please list any moving vehicle violations incurred within the last 3 years.
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EDUCATIONAL HISTORY

Name and Location of High School	Check Highest Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED
Name and Location of College / University	
If degree in progress, number of credits completed	If completed, what degree was granted and Major Course of Study
Name and Location of College / University	
If degree in progress, number of credits completed	If completed, what degree was granted and Major Course of Study
Name and Location of Graduate School	
If degree in progress, number of credits completed	If completed, what degree was granted and Major Course of Study
Professional Designations (Name of Program(s) / Designation(s))	
Have you received any additional training relevant to the position applied for?	
Remarks/Skills: List any additional skills - keyboarding (WPM), computer equipment used, software, languages, etc.	

EMPLOYMENT HISTORY - List your present or most recent employer first.

Do not include any of the following in base salary: Anticipated Salary increase, subsidies, benefits, employee stock options, bonuses, overtime, etc. Also, please do not round numbers.

Company Name				From:	To:
Address (No., Street, City or Town, State & Zip Code)				Telephone Number & Ext.	
Last Position Held:	Starting Annual Salary	Final Annual Salary	Bonus / Overtime	Supervisor's Name	
Duties Performed					
Reason for Leaving					
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Company Name				From:	To:
Address (No., Street, City or Town, State & Zip Code)				Telephone Number & Ext.	
Last Position Held:	Starting Annual Salary	Final Annual Salary	Bonus / Overtime	Supervisor's Name	
Duties Performed					
Reason for Leaving					
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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EMPLOYMENT HISTORY (cont'd)				
Company Name			From: To:	
Address (No., Street, City or Town, State & Zip Code)			Telephone Number & Ext.	
Last Position Held:	Starting Annual Salary	Final Annual Salary	Bonus / Overtime	Supervisor's Name
Duties Performed				
Reason for Leaving				
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

REFERENCES				
Please provide the names of individuals other than relatives (e.g. former supervisors, teachers, professors, etc.) who can discuss your qualifications for a position at August Wilson Center.				
Name	Address	Telephone	Occupation	Relationship

Please read the following carefully and sign to acknowledge you understand and agree that you submit your application on these terms. As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, and / or school and work records. August Wilson Center is an Equal Opportunity Employer. We obey all applicable federal, state, and local laws governing recruitment and hiring. It is the policy of the organization that either the associate or employer can terminate relationship at will, at any time, for any reason.

DECLARATION

My answer to all the application questions are true, correct and complete. I know that the August Wilson Center will investigate my statements and agree that it may obtain any additional information it considers useful in deciding whether to employ me.

_____ (Applicant's Signature)

_____ (Date)

HUMAN RESOURCES NOTES & COMMENTS						
FOR HUMAN RESOURCES ONLY						
Starting Date		Annual Salary / Rate \$		Employment Status <input type="checkbox"/> Regular Full Time <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Temp F/T <input type="checkbox"/> Temp P/T <input type="checkbox"/> Student		
Bi-weekly Hours	Job Code	Reports to	Position Number	Location Number	Shift	Expense Key / Budget Center Number
Work Phone	Interviewer(s)	Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Prior Service		Date of Birth
Marital Status	Gender	Dependents	Name of Emergency Contact			Emergency Phone Number ()
Name if Different on Educational or Work Records						