

SKYPAC APPLICATION FOR EMPLOYMENT

The Southern Kentucky Performing Arts Corporation (SKYPAC) is an equal opportunity employer. SKYPAC does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you for further consideration. Please complete all fields.

Name _____ Date _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? _____ Yes _____ No

Are you at least 18 years of age? _____ Yes _____ No

(If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer?

_____ Yes _____ No

If yes, please provide company names and details: _____

Can you work any shift? ____ Yes ____ No If no, explain: _____

Can you work overtime, including weekends? _____ Yes _____ No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? _____ Yes _____ No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? ____ If so may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk In, Advertisement, Referral, Other _____

Have you ever worked for this company before? ____ Yes ____ No Explain _____

Do you know anyone who works for our company? Yes No If yes, who? _____

EDUCATION	School Name and Location	Certification/Degree Received	Subjects Studied/Major
High School			
College/University			
Trade or Business School			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain: _____

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

From	To	Employer Name	Telephone
Job Title		Address	
Supervisor		Summarize work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Supervisor		Summarize work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Supervisor		Summarize work performed and job responsibilities	
Reason for leaving			

REFERENCES

Give the names of three people not related to you, whom you have known at least three years

Name	Address, Phone, Email	Company	Years Known

Please read carefully before signing.

The facts set forth in my application for employment are true and complete; I understand that false statements on this application may be considered to be sufficient cause for disqualification, or if employed, dismissal. Southern Kentucky Performing Arts Corporation (SKYPAC) is hereby authorized to make any investigation of my personal history, police, employment, and financial records. I understand that only information pertinent to the position(s) for which I am applying will be considered in making an employment decision, and that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature, scope, and result of any investigation. I also understand that SKYPAC reserves the right to require a medical doctor's examination upon employment, as well as periodic examinations and random drug and alcohol testing during employment, and that results satisfactory to SKYPAC would be required for continued employment.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for SKYPAC to hire me. If I am hired, I understand either SKYPAC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SKYPAC has the authority to make any assurance to the contrary. I attest with my signature below that I have given to Southern Kentucky Performing Arts Corporation true and complete information on this application. No requested information has been concealed. I authorize Southern Kentucky Performing Arts Corporation to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date: _____

This application is valid for 60 days from the date above.