

**ROBIDOUX
RESIDENT
THEATRE**

Robidoux Resident Theatre is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. Robidoux Resident Theatre will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

Social Security Number: _____

Full Legal Name: _____
 (Last) (First) (Middle) (Maiden)

Current Address: _____
 (Street) (City) (State) (Zip Code)

Telephone: _____ **Email Address** _____
 (Daytime) (Evening)

POSITION(S) YOU ARE APPLYING FOR

Service Manger _____ **Education Director** _____

If you are applying for both positions, would you be willing to accept only one if offered? If not, please explain.

Date you can start: _____

EDUCATION AND TRAINING

Type of School	Name of School	City, State	Years Completed	Degree Received	Course/Major Subjects
High School					
College					
Graduate School					

EMPLOYMENT HISTORY

Starting with the most recent, please list **ALL** paid, military, and applicable voluntary experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for this position. Complete information, including contact numbers, will assist in timely processing. Please **do not write** "See Resume" in any section of the Employment History.

(1) Position Title:	Responsibilities:		
Employer:			
Address:			
City, State Zip:			
Dates (mo/yr): to			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Reason for Leaving:		
Name of Supervisor and Phone #:			
(2) Position Title:	Responsibilities:		
Employer:			
Address:			
City, State Zip:			
Dates (mo/yr): to			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Reason for Leaving:		
Name of Supervisor and Phone #:			
(3) Position Title:	Responsibilities:		
Employer:			
Address:			
City, State Zip:			
Dates (mo/yr): to			
Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Reason for Leaving:		
Name of Supervisor and Phone #:			

May we contact each of the employers above listed? Yes No

If no, indicate which one(s) by checking the appropriate corresponding employer-numbered entry:

1 2 3

ADDITIONAL INFORMATION

Please describe why you feel you are qualified for this position. Describe special training, skills and experience.

What is your desired salary from these positions?

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED.
APPLICATIONS RECEIVED WITHOUT A SIGNATURE WILL NOT BE PROCESSED.**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date. **I UNDERSTAND** that a consumer report may be obtained for employment purposes (including criminal, education, DMV, and employment background checks) as part of the pre-employment investigation and at any time during my employment. I understand that should this application or a criminal record check reveal a conviction, finding or plea of guilt, deferral, no contest or nolo contendere of a crime, further processing of this application or my employment, if hired, may be terminated. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S. **I UNDERSTAND** that I will be required to possess and maintain a current and valid driver's license if my job requires me to drive in the course of my work.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements. I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against **Robidoux Resident Theatre** and any outside agency utilized by **Robidoux Resident Theatre** as a result of any information that is obtained in this investigation. This application is submitted with the understanding that upon acceptance of a formal employment offer, I will be required to successfully pass a pre-placement testing, which may include a drug and alcohol screen; a physical examination may be required as well. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF THE EMPLOYER OR MYSELF.

SIGNATURE: _____

DATE: _____

APPLICANT EEO INFORMATION

*It is the policy of **Robidoux Resident Theatre** to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, gender, age, ancestry, sexual orientation, veteran status, marital status, or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below. Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application form.*

Position Applied For: _____

Today's Date (month/day/year): _____

EEO CATEGORY	EDUCATION	SEX
<p><i>Check the block for the racial or ethnic group with which you identify (check only one):</i></p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian decent)</p> <p><input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)</p> <p><input type="checkbox"/> White, not of Hispanic Origin (includes Arabians)</p> <p><input type="checkbox"/> Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)</p>	<p><i>Check the block for the highest level of education you have completed (check only one):</i></p> <p><input type="checkbox"/> Less than 8th grade</p> <p><input type="checkbox"/> Completed 8th Grade</p> <p><input type="checkbox"/> Attended high school</p> <p><input type="checkbox"/> High school graduate or equivalent</p> <p><input type="checkbox"/> Attended college</p> <p><input type="checkbox"/> Received Associate's degree</p> <p><input type="checkbox"/> Received Bachelor's degree</p> <p><input type="checkbox"/> Attended graduate school</p> <p><input type="checkbox"/> Received Master's degree</p> <p><input type="checkbox"/> Graduate study beyond Master's</p> <p><input type="checkbox"/> Ph.D or professional degree</p>	<p><i>Check the appropriate block:</i></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>
<p>Please indicate your date of birth (month/day/year):</p>	<p align="center">/ /</p>	