Egyptian Theatre 135 N. 2nd Street DeKalb, IL 60115

Employment Application

Applicant Information										
Full Name:					Date:					
Address:	Last	M.I.								
Address.	Street Address	Apartment/Unit #								
	City			State	ZIP Code					
Phone: ()	E-n								
Date Available:										
Position App	lied for:	YES NO								
Are you a cit	izen of the United States?	the U.S.?	YES	NO						
Have you ever worked for this company? YES NO If yes, when?										
Have you ev	er been convicted of a felor	yes no								
If yes, explai	n:									
		Edu	ucation							
High School	:	Address								
From:	То:	Did you graduate?	YES NO	Degree:						
College:		Address								
From:	To:	Did you graduate?	YES NO	Degree:						
Other:		Address								
From:	То:	Did you graduate?	YES NO	Degree:						
		Refe	erences							
Please list t	hree professional referenc	es.								
Full Name:			Relationship:							
Company:				Phone: ()					
Address:										
Full Name:			Relationship:							
Company:				Phone: ()					
Address:										
Full Name:			Relationship:							
Company:				Phone: ()					
Address:										

Previous Employment										
Company:						Phone:	()		
Address:					5	Supervisor:				
Job Title:		Start	ting Salary:	\$			Endi	ng Salary	r: \$	
Responsibilities:										
From:	То:	Reason f	or Leaving:							
May we contact your prev	vious supervisor for a	reference	YES		NO					
	· · · · · · · · · · · · · · · · · · ·									
Company:						Phone:	()		
Address:					S	Supervisor:				
Job Title:		Start	ting Salary:	\$			Endi	ng Salary	: \$	
Responsibilities:										
From:	То:	Reason f	or Leaving:							
May we contact your prev	vious supervisor for a	reference	? \(\sum_{\text{YES}}		NO					
Company:						Phone:	()		
Address:					5	Supervisor:				
Job Title:		Start	ting Salary:	\$		•	Endi	ng Salary	r: \$	
Responsibilities:										
•	То:	Reason f	or Leaving:							
May we contact your prev	vious supervisor for a		YES		NO					
way we contact your prev	vious supervisor for a		mer and S	ignat						
I certify that my answers are true a	and complete to the best of m			.ga.						
I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.										
I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.										
I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill our a new application.										
If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.										
I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.										
If this application leads to employn	ment, I understand that false o	or misleading i	nformation in n	ny appli	ication o	r interview may	result in	n my release.		
Signature:							Date	e:		
Please Submit via: Email alex@egyptiantheatre.org			Mail Egyptian Theatre, 135 N. 2 nd Street, DeKalb, IL 60115							