

570-724-6220-Phone

**P.O. Box 102, Wellsboro, PA 16901**

**www.deanecenter.com**

APPLICATION FOR EMPLOYMENT

The Deane Center for the Performing Arts is an equal-opportunity employer committed to maintaining a diverse, mission-driven workforce. We maintain that policy in recruitment, hiring, career advancement, and all other human resources practices. Your job-related experience and other qualifications will be considered without discrimination based on age, race, color, religion, sex, physical or mental disability, sexual orientation, veteran, or other protected status. All information in this application will be treated confidentially.

How did you find out about the Deane Center for the Performing Arts?

Deane Center Website  Job Board  Recruiter Contact  Employee Referral

Other

(Name of Source)

Type of employment desired:  Internship  Part-Time  Full-Time

**PERSONAL**

|  |  |
| --- | --- |
| Position applied for: | Date: |
| Last Name: First Name: | Social Security #: |
| Street Address: | Home Phone: |
| City: State: Zip: | Business Phone: |
| E-Mail Address: | Cell Phone/Pager: |
| Have you ever applied for employment with us? Yes No | If yes, Month & Year: |
| If hired, will you be able to furnish proof that you are eligible to work in the United States? Yes No | Are you over the age of 18? |
| Date Available to Work: | Minimum Salary Requirement (circle one)  $      / hour  $      / year |

**EMPLOYMENT HISTORY**

Please list your three most recent employers, assignments, or volunteer activities. Please attach any explanations for gaps in employment.

Employer Telephone Dates Employed

            From:

To:

Address

Annual Salary

Job Title       Starting:

Ending:

Immediate Supervisor (Name and Title)

May we contact you for a reference?  Yes

No

Later

Reason for Leaving

Employer Telephone Dates Employed

            From:

To:

Address

Annual Salary

Job Title       Starting:

Ending:

Immediate Supervisor (Name and Title)

May we contact for a reference?  Yes

No

Later

Reason for Leaving

Employer Telephone Dates Employed

            From:

To:

Address

Annual Salary

Job Title       Starting:

Ending:

Immediate Supervisor (Name and Title)

May we contact for a reference?  Yes

No

Later

Reason for Leaving

**EDUCATIONAL BACKGROUND**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name & City** | **# of Years Attended** | **Graduated** | **Degree Received** | **Course/Major** |
| **High**  **School** |  |  | Yes  No |  |  |
| **College** |  |  | Yes  No |  |  |
| **Post-Graduate** |  |  | Yes  No |  |  |
| **Business, Trade, or Other** |  |  | Yes  No |  |  |

**EMPLOYMENT REFERENCES**

Please list names, titles, and contact information for three business/work references. These references should be professional. Please do not list personal friends or relatives:

|  |  |  |
| --- | --- | --- |
| **Name and Title** | **Telephone and Email** | **Relationship and Organization** |
|  |  |  |
|  |  |  |
|  |  |  |

**PROFESSIONAL MEMBERSHIPS**

Please list professional, business, or civic associations and any offices held related to the position that you're applying for:

|  |  |
| --- | --- |
| **Organization(s)** | **Office(s) Held** |
|  |  |
|  |  |
|  |  |

Please list any notable accomplishments, publications, awards, or other relevant information relating to the position that you're applying for that you would like for us to consider:

**Please read carefully before signing:**

I understand that this employment application and any other Deane Center documents are not employment contracts and that any hired individual may voluntarily leave employment and may be terminated by Deane Center at any time and for any legal reason. I understand that Deane Center is an at-will employer and that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that Deane Center can change its rules, policies, wages, and benefits at any time, with or without advance notice.

The information I have provided on this application (and on the attached or previously emailed resume, if applicable) is accurate and complete to the best of my knowledge and subject to validation by Deane Center. Any withholding of information or making false or misleading statements or omissions on this application may result in rejection of employment or, if employed, termination of employment. Unless noted otherwise, I authorize the organizations, schools, or persons named in this application to give Deane Center any information it requests regarding my employment or academic history. I hereby release those organizations, schools, or persons from any liability for any damage resulting from issuing this information.

In connection with my application for employment with Deane Center and its Client Organizations, I hereby authorize and release from all liability, Deane Center, to contact my current and/or previous employers and other references provided by me to establish and verify information related to my dates of employment, reasons for termination of past employment, educational and professional credentials, skills, experience, abilities, work habits, character, and other related information.

I understand and agree that Deane Center may release such information to any of its Client Organizations from which I seek employment, including various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities and relating to my current and/or previous employment.

I understand that Deane Center will use any reference-related information obtained by my current/previous employers and/or other references provided by me for the sole purpose of presenting my candidacy to its Client Organizations and for no other purpose.

In the event an offer of employment is made, the offer will be subject to my providing documentation proving identity and eligibility for employment in the United States as required by the Immigration Reform and Control Act of 1986.

Applicant Signature\* Date

Print Name

\*If you are submitting this application electronically, completion of the ‘Applicant Signature’ box shall constitute your understanding of and agreement to the terms and conditions of this application.