



AMERICAN PLAYERS THEATRE
PO Box 819, Spring Green, WI 53588 (608-588-7401)

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P _____
 Last Name First Name Middle Name

E _____
 Street Address

R _____
 City, State, Zip

S _____
 Phone Email

O _____
 Position(s) Desired Pay Expected

N Have you ever been employed with us? Yes No If Yes: Month and Year _____

A When will you be available to begin work? _____ Are you available for full or part-time work? _____

L Are you available through October? If not, what is your last date of availability? _____

What days and hours are you available? _____ How did you learn of our organization? _____

Are you legally eligible for employment in the United States? Yes No

	Name and Location of School	Course of Study	Years Completed	Did You Graduate?
E	College	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
D	High	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
U	Other	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
C	Other	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
A		_____	_____	_____
		_____	_____	_____
		_____	_____	_____
T	Other	_____	_____	_____
		_____	_____	_____
		_____	_____	_____
I		_____	_____	_____
		_____	_____	_____
		_____	_____	_____

O Membership in Professional or Civic Organizations (Exclude those which may disclose your race, color, religion or national origin)

N _____

Other special training or skills (languages, machine operation, driving, etc.)

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record.
Start with present or most recent employer.

1

Company Name	Employed (State Month and Year) From _____ To _____
Address	Telephone
Name of Supervisor	Hourly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

2

Company Name	Employed (State Month and Year) From _____ To _____
Address	Telephone
Name of Supervisor	Hourly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

3

Company Name	Employed (State Month and Year) From _____ To _____
Address	Telephone
Name of Supervisor	Hourly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

4

Company Name	Employed (State Month and Year) From _____ To _____
Address	Telephone
Name of Supervisor	Hourly Pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer(s) _____ Reason _____

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decided to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature: _____