

# Broadway In Chicago Employment Application

An Equal Opportunity Employer

Please Print

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (Day) \_\_\_\_\_

(Eve) \_\_\_\_\_

Are Over The Age of 16? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Employment Desired

How did you hear about this position? \_\_\_\_\_

Position:

Office \_\_\_\_\_

Usher \_\_\_\_\_

Stage Door \_\_\_\_\_

Other \_\_\_\_\_

Date available to start: \_\_\_\_\_.

Desired Salary: \_\_\_\_\_

Availability:

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
From:							
To:							

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we inquire of your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied with our company before? Yes \_\_\_\_\_ No \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

**Employment History**

(Please list the last 3 employers, starting with the most recent).

1.)

Employers Name & Address	Date	Supervisor's Name & Phone #
	From:	
	To:	
Position	Job Description	Reason for Leaving

2.)

Employers Name & Address	Date	Supervisor's Name & Phone #
	From:	
	To:	
Position	Job Description	Reason for Leaving

3.)

Employers Name & Address	Date	Supervisor's Name & Phone #
	From:	
	To:	
Position	Job Description	Reason for Leaving

**REFERENCES** - Please provide contact information for two individuals, other than family members, who can describe your reliability, work ethic, attitude, and dependability

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe why you should be hired for the position you indicated.

\_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of any facts may result in dismissal. If I am hired by Broadway In Chicago, I agree that my employment and compensation can be terminated without cause, and with or without notice, at any time, at the option of either the company or myself, unless inconsistent with the terms of an existing Collective Bargaining Agreement. I understand that no representative of Broadway In Chicago, other than the President of the company, has the authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_