

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime?* Yes No

If yes, give details, including date(s): _____

**Answering "yes" will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by law.*

Position Desired

Position: _____ Start date available: _____

Wage desired: \$ _____ Hourly Monthly Annually

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work:

Days of week you are available to work:

Are you able to work: Weekends
 Holidays
 Nights
 Overtime

Have you previously worked for San Antonio Symphony? Yes No

Dates of employment with San Antonio Symphony: From _____ To _____

Reason(s) for leaving: _____

Former supervisor(s): _____

How did you learn about this opening? _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Typing speed (WPM): _____

Are you experienced in using personal computers? Yes No PC Mac

What software programs are you capable of using?

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name, Title & Phone #:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name, Title & Phone #:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, and Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, and Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, and Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date