

# Birch Creek Music Performance Center, Inc.

## EMPLOYMENT APPLICATION

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

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Please read all instructions carefully and complete all sections of the application fully and accurately.

**Attention applicant:** it is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered.

*(Your application may be ineligible for review if information is omitted or inaccurate)*

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Number and Street City State Zip Code

Telephone: \_\_\_\_\_  
Area Code Current Phone Number

At this address until what date? \_\_\_\_\_ e-mail \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street City State Zip Code

Telephone: \_\_\_\_\_  
Area Code Home Phone Number

Are you eligible to work in the USA? Yes  No  Are you under 18? Yes  No

Will you be 21 by June 14, 2010? Yes  No

When will you be available to begin work? \_\_\_\_\_

Are you available through 8/16/10? Yes  No

How did you learn about this position?

Why do you want to work at Birch Creek?

Please list all current certificates: i.e., First Aid, CPR, etc.

## EMPLOYMENT HISTORY

**Beginning with your current or most recent job, list *all* previous employers and provide a complete description of duties.** If applicable, include military and unpaid volunteer experience. Please note that an offer of or continued employment may depend upon verification of education, skills and employment history.

Mo./Yr. to Mo./Yr.	Company Name	Job Title	Hours per week
Reason for Leaving:			
Address	City/State	Weekly Salary \$	Supervisor's Phone
O.K. to contact?    Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)		Number Supervised	
DUTIES:			

Mo./Yr. to Mo./Yr.	Company Name	Job Title	Hours per week
Reason for Leaving:			
Address	City/State	Weekly Salary \$	Supervisor's Phone
O.K. to contact?    Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)		Number Supervised	
DUTIES:			

Mo./Yr. to Mo./Yr.	Company Name	Job Title	Hours per week
Reason for Leaving:			
Address	City/State	Weekly Salary \$	Supervisor's Phone
O.K. to contact?    Yes <input type="checkbox"/> No <input type="checkbox"/> (Check One)		Number Supervised	
DUTIES:			

# EDUCATION

Name and Location of High School Attended	Check one
	Still Enrolled <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/>

Name of School & Location of School	Course of Study	Number of years completed	Did you graduate?	Degree or Diploma
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical or Vocational School			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**License(s)** List all relevant certificates or licenses (including valid drivers license).

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

**Please list any additional acquired skills, knowledge or experience you would like considered in assessing your qualifications for this position. (i.e. volunteer work, family business, vocational training, etc.)**

**Describe any informal or extra-curricular activities you have been involved in relevant to your application.**

**List any awards or special recognition you have received:**

**Do you have any impairments, physical, mental or medical which would interfere with you ability to do the job for which you have applied.** Yes  No

If "yes", please explain.

**Please describe any experience you may have with physical labor, cleaning/housekeeping, and/or cooking.**

**Please describe any experience you have with planning recreational activities for high school aged students.**

**Have you ever been convicted of (or plea bargained to) a felony or misdemeanor conviction?**

Yes  No

If "yes", state the nature, resolution and date of the case(s) :

I certify that I have read this form in its entirety and that the information I have provided is true, accurate and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading, or erroneous, it may result in the rejection of my application or in my discharge if I am employed regardless of when the false, misleading, or erroneous information is discovered.

I understand that employment in certain positions may be conditional upon review of my driving record. I authorize Birch Creek Music Performance Center, Inc. to request and obtain these records.

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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I give Birch Creek Music Performance Center, Inc. permission to check references and verify information provided in this employment application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a photo for interview identification. Thank You.**

**Attach the names, addresses and phone numbers of 3 references we may contact, if you have not yet provided them.**

**Return to: Birch Creek Music Performance Center, Inc.  
Attn: Lyn Huber, Operations Manager  
PO Box 230  
Egg Harbor, WI 54209**