



The Center of Music and Art

Employment Application Equal Opportunity Employer

264 Main Street
Wintersville, OH 43953
www.musicandart.com
(740) 264-3111

Today's Date: ___/___/___

Personal Information

First & Last Name: _____ Social Security #: ___ - ___ - ___

Permanent Address: _____

City: _____ State: ___ Zip: _____ Phone Number: (____) ____ - ____

Were you referred by an employee? If so, please list their name: _____

Education History

High School: _____ Graduation Year: _____

College: _____ Graduation Year: _____ Major: _____

Employment Desired

Position: _____ Desired Salary: _____

Are you currently employed? Yes No If so, may we contact your employer? Yes No

Have you ever applied here before? Yes No When? _____

General Information

Special Training/Skills: _____

U.S. Military or Naval Service: _____ Rank: _____

Have you ever been convicted of a felony? Yes No

Former Employers (list up to the last four employees, starting with the oldest first)

Name & Address of Employer: _____

Salary: _____ Position: _____ Reason for Leaving: _____

Dates worked by month and year: _____

Name & Address of Employer: _____

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References

Name	Phone Number	Business Relationship	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature: _____ Date: ___/___/___