



EMPLOYMENT APPLICATION

Mosaic Youth Theatre

- PLEASE TYPE OR PRINT – Use additional pages as necessary.
- Any incorrect, incomplete or false statement of information furnished by me may be subject me to discharge. This information will be verified as stated on the reverse side of this form.
- Personal Liaison: If an applicant is hired, this form must be submitted to Personnel with the completed personnel forms packet.

Date of Application (Mo/Day/Year)		SOCIAL SECURITY NUMBER	
LAST NAME		FIRST NAME	MIDDLE NAME
PREVIOUS LAST NAME		PREVIOUS FIRST NAME	PREVIOUS MIDDLE NAME
DATE(S) AVAILABLE FOR EMPLOYMENT			

TYPE OF JOB DESIRED		WHAT SALARY LEVEL ARE YOU WILLING TO CONSIDER FOR EMPLOYMENT	
		\$	PER HOUR OR \$ PER YEAR
TYPE OF EMPLOYMENT YOU WOULD ACCEPT (Check one or more)		HOURS PER WEEK	<input type="checkbox"/> SEASONAL
<input type="checkbox"/> PERMANENT (Career) <input type="checkbox"/> TEMPORARY (Non-Career) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			<input type="checkbox"/> NIGHTS
DO YOU HAVE A VALID DRIVER'S LICENSE	(If yes, State issued by)	DRIVER'S LICENSE NUMBER	DO YOU HAVE THE USE OF A MOTOR VEHICLE (If required in the performance of your job duties)
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Check if you possess a Commercial Driver's License	<input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL INFORMATION

MAILING ADDRESS (Street and Number, City, State, Zip Code)	DAYTIME TELEPHONE NO. ()
--	---------------------------------

EDUCATION AND TRAINING INFORMATION: It is the applicant's responsibility to provide official documentation that requirements have been met.

NAME AND LOCATION OF SCHOOL OR INSTITUTION	TOTAL CREDITS	MAJOR FIELD	NO. OF YEARS	DEGREE(S) OR CERTIFICATE(S) RECEIVED / TYPE	
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER TRAINING					
GED HIGH SCHOOL EQUIVALENT	IF YES, GIVE YEAR	TRADE/PROFESSIONAL CERTIFICATE OR LICENSE		NUMBER	EXPIRATION DATE
<input type="checkbox"/> NO <input type="checkbox"/> YES					
HAVE YOU EVER WORKED FOR MOSAIC YOUTH THEATRE		IF YES, GIVE DATE(S) IF NOT INCLUDED ON THE BACK OF THIS FORM			
<input type="checkbox"/> NO <input type="checkbox"/> YES					

EMPLOYMENT APPLICATION – Mosaic Youth Theatre

EMPLOYMENT HISTORY (Please list all previous employment, starting with your present or most recent job first. Attach resume or additional pages as needed.)

STARTING DATE	ENDING DATE	NAME AND ADDRESS OF EMPLOYER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOUR PER WEEK
STARTING SALARY	ENDING SALARY	NAME AND TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
JOB CLASSIFICATION AND LEVEL		YOUR DUTIES		
STARTING DATE	ENDING DATE	NAME AND ADDRESS OF EMPLOYER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOUR PER WEEK
STARTING SALARY	ENDING SALARY	NAME AND TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
JOB CLASSIFICATION AND LEVEL		YOUR DUTIES		
STARTING DATE	ENDING DATE	NAME AND ADDRESS OF EMPLOYER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	HOUR PER WEEK
STARTING SALARY	ENDING SALARY	NAME AND TITLE OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
JOB CLASSIFICATION AND LEVEL		YOUR DUTIES		
LIST ANY ADDITIONAL COMMENTS REGARDING YOUR EXPERIENCE OR SKILLS				
In applying for employment, it is understood that Mosaic Youth Theatre reserves the privilege of contacting past employers regarding references. May we also contact your present employer at this time?			If yes, Name of Person to Contact and Phone Number (Include area code)	
<input type="checkbox"/> NO <input type="checkbox"/> YES				
I hereby authorize my former employers to provide any legally releasable information regarding my employment with them to Mosaic Youth Theatre. I further authorize Mosaic Youth Theatre to conduct a criminal history file check and furnish a response to Mosaic Youth Theatre. I further authorize Mosaic Youth Theatre to access my motor vehicle operator license record. I understand that Mosaic Youth Theatre will conduct a Child Protective Services Central Registry screening on all applicants for positions having direct contact with children, to determine if there are any substantiated cases of child abuse or neglect. In addition, if any applicant feels they have been discriminated against in applying for employment with MYT, they may file a written complaint with any or all of the following: Mosaic Youth Theatre, Michigan Department of Civil Rights, U.S. Equal Employment Opportunity Commission or U.S. Health and Human Services.			If a person given a conditional offer of employment fails or refuses to submit to the preemployment drug test, interferes with a procedure, or tampers with a test sample, the conditional offer of employment shall be rescinded and the personal shall not be appointed to a position in the classified service. The personal shall also be removed from all applicant pools and shall be disqualified from appointment to the classified service for a period of three years.	
Applicant's Signature	(I hereby represent that the data provided by me in this application is complete and true to the best of my knowledge, and may be verified by Mosaic Youth Theatre. I understand that any incorrect, incomplete or false statement of information furnished by me may be cause for rejection of this application or subject me to discharge.)			Date

<p>The authority for publication of this form is Public Act 280 of 1939. Completion of this form is voluntary. The penalty for non-completion of this form is: Mosaic Youth Theatre may be unable to document or verify an applicant's credentials, and since Mosaic Youth Theatre hold each appointing authority responsible for the validity of these credentials an applicant's chances for employment may be hindered.</p>	<p>Mosaic Youth Theatre will not discriminate against any individual group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs for disability. If you need help with reading, writing, hearing etc., under the Americans with Disabilities Act, you are invited to make your needs known to our office.</p>
--	--