

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

Application for Employment

Are you currently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

EMPLOYMENT HISTORY Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| | |
|--|--|
| Employer: | |
| Employer's Address: | |
| Supervisor's Name: | Phone Number: |
| Date Employed From: | Date Employed To: Full-time: <input type="checkbox"/> Part-time <input type="checkbox"/> |
| Job Title: | |
| Duties Performed: | |
| Skills Used: | |
| Advancements/Promotions: | |
| Reason for Leaving: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|--|
| Employer: | |
| Employer's Address: | |
| Supervisor's Name: | Phone Number: |
| Date Employed From: | Date Employed To: Full-time: <input type="checkbox"/> Part-time <input type="checkbox"/> |
| Job Title: | |
| Duties Performed: | |
| Skills Used: | |
| Advancements/Promotions: | |
| Reason for Leaving: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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EMPLOYMENT HISTORY

Employer:

Employer's Address:

Supervisor's Name:

Phone Number:

Date Employed From:

Date Employed To:

Full-time:

Part-time

Job Title:

Duties Performed:

Skills Used:

Advancements/Promotions:

Reason for Leaving:

May we contact this employer? Yes No

Employer:

Employer's Address:

Supervisor's Name:

Phone Number:

Date Employed From:

Date Employed To:

Full-time:

Part-time

Job Title:

Duties Performed:

Skills Used:

Advancements/Promotions:

Reason for Leaving:

May we contact this employer? Yes No

Do you have a Driver's License? Yes ___ No ___

What is your means of transportation to work? _____

Have you had any accidents during the past three years? Yes ___ No ___

Have you had any moving violations during the past three years? Yes ___ No ___

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Please list two references other than relatives or previous employers.

| | |
|-----------------|-----------------|
| Name _____ | Name _____ |
| Position _____ | Position _____ |
| Company _____ | Company _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| Telephone _____ | Telephone _____ |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No ___ Yes ___

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

I hereby authorize the Rochester Art Center to investigate all of my statements and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying and I give the Rochester Art Center permission to contact schools, previous employers (unless otherwise indicated), references, and others. I hereby release the Rochester Art Center from any liability as a result of such contacts during the investigative process.

Signature of Applicant

Date

The Rochester Art Center is an equal employment opportunity employer.
Your opportunity for employment depends solely on your qualifications.