



ROCHESTER ART CENTER

EMPLOYMENT APPLICATION

GENERAL INFORMATION

Name: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Present Address (if different): _____

EMPLOYMENT INTEREST

Position Applying for: _____
Date Available: _____ Are you available to work evenings and/or weekends? yes no

EDUCATION

Highest Level of Education Completed: _____ School: _____
Major: _____ Degree: _____ Graduation Date: _____

EMPLOYMENT HISTORY

Employer: _____ Address: _____
Phone: _____ Supervisor: _____ May we contact employer? yes no
Employer: _____ Address: _____
Phone: _____ Supervisor: _____ May we contact employer? yes no

REFERENCES

Name/Relationship: _____ Email: _____ Phone: _____
Name/Relationship: _____ Email: _____ Phone: _____

ADDITIONAL SKILLS

Please indicate any computer applications you are proficient in (ie. Adobe Creative Suite, Microsoft Office, etc...):

Other Skills: _____

Hobbies/Other Interests: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Comments/Additional Information: _____

Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED APPLICATION ALONG WITH A CURRENT RESUME AND COVER LETTER TO:

Rochester Art Center • 40 Civic Center Drive SE • Rochester, MN 55904
phone: 507/282-8629 • fax: 507/282-8629 • email: info@rochesterartcenter.org