



FAR

THERAPEUTIC ARTS
AND RECREATION

FAR Conservatory of Therapeutic and Performing Arts APPLICATION FOR EMPLOYMENT

FAR is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name		First	Middle Initial	Today's Date
Address				SS#
Home Telephone ()	Work Telephone ()	Email		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interviewed with this company or its affiliates before? If yes, provide date(s), location(s), and position(s) applied for:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by this company or its affiliates? If yes, provide date(s), location(s), and position(s):				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed by this company or its affiliates? If yes, provide name(s), location(s), and position(s):				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

Position Applied for:			Desired Pay:			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Start Date:			
How did you find out about this position?						
Would you like to work: (check all that apply)	<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time only	<input type="checkbox"/> Summer <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-time or Part-time			
What times are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
College				
Graduate School				
Vocational, Business, Other				

MILITARY

Branch	Dates of Service	Final Rank	Assignment

Are you now a member of the National Guard? Yes No

SKILLS (not all may be necessary for the job you seek)

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your WPM?		
Foreign Languages:		
Computer Skills (Hardware/Software):		
Other Skills, Knowledge, Areas of Expertise:		
Driver's License #:	State:	Type:

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

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Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

GENERAL

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S STATEMENT

I understand and agree to the following:

I understand that FAR follows an "at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law: this "at-will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the authorized executive of Far Conservatory of Therapeutic and Performing Arts.

I understand that this application is not a contract of employment.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

Date