

Developing, Supporting & Promoting the Arts



147 N. Rural Street Hartford, WI 53027 262-670-0560 FAX 262-670-0937 SchauerCenter.ORG

APPLICATION FOR EMPLOYMENT

Please complete all areas. Print clearly all information requested, except signature.

Name _____
LAST FIRST MIDDLE MAIDEN

Current address _____
NUMBER STREET CITY STATE ZIP

Phone (____) _____ Fax (____) _____ Email _____

Position applied for _____

Days/hours available to work:	NO PREFERENCE	WED	SAT
	MON	THUR	SUN
	TUES	FRI	

How many hours can you work weekly? _____

Can you work nights? NO YES OTHER (please specify) _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Potential start date _____

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.

Are you over the age of 18? NO YES

Do you have a driver's license? NO YES

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				

SPECIAL SKILLS

Typing Yes No (WPM _____)

Personal Computer Yes No

Cash handling Yes No

Other skills _____

REFERENCES Please list three or four references other than relatives and previous employers.

NAME _____

NAME _____

POSITION _____

POSITION _____

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____

CITY _____ STATE _____

PHONE (____) _____

PHONE (____) _____

NAME _____

NAME _____

POSITION _____

POSITION _____

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____

CITY _____ STATE _____

PHONE (____) _____

PHONE (____) _____

WORK EXPERIENCE Please list your last three employers, beginning with your most recent job held. If you were self-employed, give firm name.

NAME OF EMPLOYER ADDRESS CITY/STATE/ZIP TELEPHONE	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY / SALARY
		FROM TO	START FINAL
	YOUR LAST JOB TITLE		
REASON FOR LEAVING (BE SPECIFIC)			
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			
NAME OF EMPLOYER ADDRESS CITY/STATE/ZIP TELEPHONE	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY / SALARY
		FROM TO	START FINAL
	YOUR LAST JOB TITLE		
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ADDRESS CITY/STATE/ZIP		FROM TO	START FINAL
TELEPHONE	YOUR LAST JOB TITLE		
REASON FOR LEAVING (BE SPECIFIC)			
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying OR attach a résumé.

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Schauer Arts and Activities Center, Inc., I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Schauer Center, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/Executive Director of the Schauer Center. Both the undersigned and the Schauer Center may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Schauer Center may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Schauer Center permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Schauer Center from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Schauer Center may request from a consumer reporting agency an investigative consumer report including information as to my credit record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Schauer Center shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Schauer Center is terminable at will for any reason by either party.

Signature of applicant _____ Date _____

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

With the Ruth A. Knoll Theater and Suckow Family Art Gallery, the Schauer Arts & Activities Center is a non-profit regional center for the arts, staging professional touring performances, as well as shows by Hartford City Band, Hartford Community Chorus, The Hartford Players, and the Kettle Moraine Fine Arts Guild. The Schauer Center also offers visual and performing arts classes for all ages. Facilities are available to rent for social and business functions.