



Application for Employment

After reading, PLEASE PRINT all information requested. This application will be used solely in connection with your application for employment with this company and for no other purposes without your express written permission. WCAC is an Equal Opportunity Employer.

PERSONAL IDENTIFICATION

Position Applied For _____ Date _____

Name _____ Social Security # _____ - _____ - _____
LAST FIRST MIDDLE

Address _____
STREET CITY/TOWN STATE ZIP

Phone (____) _____ - _____ Are you 18 years or older? _____

Do you have dependable transportation to and from work? _____

Do you have the legal right to work in the United States? _____ Anticipated Salary _____

EMPLOYMENT SOUGHT

Date available to begin work _____ Are you currently employed? _____

May we contact your employer? _____ Are you on layoff status and subject to recall? _____

Are you interested in Full Time? _____ Part Time _____ Day Shift _____ Evening _____ Weekend _____

Days and hours you are available to work _____ Days and hours not available to work _____

Are there any restrictions, personal or otherwise which would restrict the hours you can work? _____

If yes, please explain? _____

Would you be willing to work on an on-call basis? _____

How did you hear of the position? Ad Walk in Friend/Relative Internet Other

Are you related to anyone who is working here? _____ Name _____

Who were you referred by? _____

Do you have any experience working in food/beverage service? _____ What was your position? _____

How long did you work in food/beverage service? _____



WELLSVILLE CREATIVE ARTS CENTER

124 North Main Street
 Wellsville, NY 14895
 Tel & Fax: (585) 593-3000
 www.WellsvilleCreativeArtsCenter.com

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Do you have any management experience? _____

EDUCATION

Years of Education Completed	Name of School	Diploma/degree/certificate	GPA
High School 9 10 11 12			
College 1 2 3 4 5 6			
Trade School 1 2 3 4 5 6			
If not a High School Graduate, do you have a G.E.D.?		If yes, place obtained:	
Subjects of Special Study or Research Work			
Special/Specific Skills			

US MILITARY OR NAVAL SERVICE

Were you a member of the US Military? _____ Date of Entry _____
 Date of Discharge _____ Type of Discharge _____
 (Honorable, General, Etc...)

EMPLOYMENT HISTORY

FROM MONTH/YEAR	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY
	EMPLOYER'S PHONE NUMBER			
TO MONTH/YEAR	EMPLOYER'S ADDRESS	SUPERVISOR'S NAME	POSITION WAS <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	REASON FOR LEAVING

FROM MONTH/YEAR	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY
	EMPLOYER'S PHONE NUMBER			
TO MONTH/YEAR	EMPLOYER'S ADDRESS	SUPERVISOR'S NAME	POSITION WAS <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	REASON FOR LEAVING

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WORK REFERNCES DO NOT LIST FRIENDS, RELATIVES OR INDIVIDUALS RESIDING IN YOUR HOUSEHOLD

INDIVIDUALS NAME	COMPLETE ADDRESS	BUSINESS/TITLE	PHONE

*If you have been informed about the requirements of the job for which you are applying, do you feel you are capable of performing the activities involved in the job without reasonable accommodation? _____

*NOTE: *No application will be rejected as a result of disability that, with reasonable accommodation, does not prevent performance of the essential job duties.*

Have you ever been Convicted, Pled Guilty, No Contest or Forfeited Bond or Bail for any crime other than traffic violations? _____

Explain _____

NOTE: *A conviction will not necessarily disqualify an applicant from employment.*

*I certify that the facts contained in the application are true and complete to the best of my knowledge. I further understand that, if I am employed by Wellsville Creative Arts Center, falsified or misleading information and statements on this application shall be grounds for dismissal.

*I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, and release of this information. I authorize Wellsville Creative Arts Center to conduct a criminal background check including traffic violations and criminal arrest records.

*I understand and agree that, if hired by Wellsville Creative Arts Center, my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without prior notice. I also understand that unless otherwise stated in an employment contract, the organization may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

Signature _____ Date _____

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