

Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Position \_\_\_\_\_



## APPLICATION FOR EMPLOYMENT

Return completed form to: [info@themiracletheatre.com](mailto:info@themiracletheatre.com)

PERSONAL INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City			State			Zip			
Phone			E-mail Address						
Social Security No.									
Are you 16 or over?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If you are under 18, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you legally authorized for employment in the U.S.? <i>(proof of eligibility will be required upon</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Please list any other names you are known by or names previously used									
Most recent prior address					City, State, Zip:				
EMPLOYMENT DESIRED									
How did you hear about The Miracle Theatre?									
Why do you want to work at The Miracle Theatre?									
For what position are you applying?	Usher <input type="checkbox"/> Concessions <input type="checkbox"/> Box Office <input type="checkbox"/>								
List skills related to the position for which you are applying.									
How long would you like to work at The Miracle?									

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**AVAILABILITY**

Operational Hours for The Miracle Theatre (subject to change):  
 Friday 2:45 PM – 12:30 AM; Saturday 6:45 PM – 1:00 AM; Sunday 2:45 PM – 9:30 PM; Monday – Thursday: As needed for special events.

*Please indicate when you are available to work each day of the week. If you are unable to work on a particular day please indicate "not available".*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

How many hours per week would you like to work?	
What date can you start?	
For what period of time do you anticipate your availability to remain the same as listed on the application? (i.e. for the next 3 months until my school schedule changes)	
Please list any other schedule related comments	

**EDUCATION**

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**EMPLOYMENT HISTORY**

*List your last three employers, starting with the most recent. You may also include non-paid volunteer experience or extracurricular activities. Complete this section even if you attach a resume.*

Company	Phone	
Address	Supervisor	
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/> NO <input type="checkbox"/>
Company	Phone	
Address	Supervisor	

Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Position \_\_\_\_\_

Job Title

Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES  NO

Company	Phone
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Address	Supervisor
---------	------------

Job Title

Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES  NO

Have you ever been dismissed or forced to resign from employment? YES  NO  If yes, please explain:

**REFERENCES**

Please list references who are not related you. These can be both professional and personal.

Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	
Full Name		Relationship	
Company		Phone	
Address		Email	

**APPLICANT CERTIFICATION**

I hereby authorize The Miracle Theatre to investigate my background, references, and other matters related to my suitability for employment. I authorize individuals, schools, current/past employers, and organizations contacted by The Miracle Theatre to provide any relevant information regarding my current and/or previous employment. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including discharge. I understand that I may be required to sign a confidentiality agreement should I become an employee of The Miracle Theatre. I understand that nothing contained in this application, or conveyed during an interview that may be granted is intended to create an employment contract. Finally, I understand that filling out this form does not indicate there is a position available and does not obligate The Miracle Theatre to make an offer of employment to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_