

Please print in ink (preferably black) or use computer Number of attachments: _____	ONANCOCK THEATRE CORPORATION Application for Employment	Onancock Theatre Corporation Roseland Theatre 48 Market Street PO Box 178 Onancock, Virginia 23417-0178
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1. Position(s) applied for <small>(Mark one or more)</small>	<input type="checkbox"/> Concessions Worker <input type="checkbox"/> Box Office Attendant <input type="checkbox"/> Projectionist (Includes Concessions & Box Office Duties)	2. Job Location	Roseland Theatre, Onancock, VA.
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3. Do you possess a Social Security Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Note:</i> Social security number will be required prior to employment.
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4. Full legal name	Last	First	Middle	6. Home Phone	
5. Address					7. Business Phone
			City	State	Zip
					E-mail Address

8. EDUCATION														
a. Check highest grade completed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	Year Completed	
b. If you did not complete high school, do you have a high school equivalency diploma?											<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received		
c. Check number of years of post high school education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7							

Name and Location of Educational Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1.					
2.					
3.					

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe current and past applicable work experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. Job Title	Duties:	
Employer		
Address		
Phone		
Type of business		
Immediate supervisor		
Title	Number and titles of employees you supervised	
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time	Part-time	Hours/week
Your name if different from present		
b. Job Title	Duties:	
Employer		
Address		
Phone		
Type of business		
Immediate supervisor		
Title	Number and titles of employees you supervised	
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time	Part-time	Hours/week
Your name if different from present		
c. Job Title	Duties:	
Employer		
Address		
Phone		
Type of business		
Immediate supervisor		
Title	Number and titles of employees you supervised	
Salary (start)	(finish)	Equipment used
Dates (mo/yr)	to (mo/yr)	Reason for leaving
Full-time	Part-time	Hours/week
Your name if different from present		

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:			
e. License (to include driver's), certificate or other authorization to practice a trade or profession.			
	Type	License Number	Granted by (licensing board)
10. REFERENCES			
List names, addresses and relationships of three persons not related to you who know your qualifications:			
	Name	Address	Phone Relationship
11. MISCELLANEOUS			
a. Check which shifts you will accept: <input type="checkbox"/> Friday Evening <input type="checkbox"/> Saturday Afternoon/Evening <input type="checkbox"/> Sunday Afternoon/Evening <input type="checkbox"/> Weekday Evenings			
b. Check which job status you would accept: <input type="checkbox"/> Hourly (part-time) <input type="checkbox"/> Other (specify) _____			
c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.			
d. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following:			
Description of offense:			
Statute or ordinance(if known):		Date of Charge:	Date of Conviction:
County, City, State of Conviction:			
Description of offense:			
Statute or ordinance(if known):		Date of Charge:	Date of Conviction:
County, City, State of Conviction:			
(For additional convictions use plain paper. Include all information listed above.)			
*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.			
12. AVAILABILITY - When will you be available to start work? (No date is necessary if you are available immediately.)			
	Month	Day	Year <input type="checkbox"/> Immediately
13. CERTIFICATION --Each Application Requires Current Date and Original Signature			
I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with the Onancock Theatre Corporation. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Onancock Theatre Corporation to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to others on a need-to-know basis for good cause shown as determined by the Corporation's officers.			
Date		Applicant Signature	Type if submitted electronically

Supplementary Experience Form

Name _____

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ___ Part-time ___ Hours/week _____	Your name if different from present _____