



Please complete this application in print in its entirety, included your signature and date. Failure to do so may disqualify you for consideration for this position. Please return to the Suffolk Center.

PERSONAL INFORMATION

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _(____)_____ OTHER PHONE: _(____)_____

EMAIL: _____

EDUCATION

HIGH SCHOOL

Name of High School _____

City/State/Zip _____

Did you graduate? Yes No If no, do you have a high school equivalency diploma (GED)? Yes No

COLLEGE

Name and Location of Institution	Hours Completed	Degree Earned	Major/Minor

If you expect to graduate within 1 year, give month and year you expect to receive your degree? _____

If hired, what is your availability? _____

LICENSES & CERTIFICATIONS

List any valid certification(s) and/or license(s) you possess to practice a trade or profession (CPA, CPR, LCSW, etc) earned pertaining to the position for which you are applying:

License/Certification	State	Expiration

GENERAL BACKGROUND INFORMATION

Are you legally eligible for employment in the U.S.? YES NO

If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO

Have you been convicted of a felony or misdemeanor within the last 7 years? YES NO

If yes, give date and details: _____

EMPLOYMENT EXPERIENCE

Using a separate section for each position, describe in detail all work experience starting with your most recent position. You may attach a resume to this application should it have the information requested on this form.

Job title:		Supervisor:	Phone: ()
Employer:		Address, City, State, Zip:	
Dates Employed:	Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/>		
Hours worked per week:	Skill Obtained:		
Job Responsibilities:			
Reason for leaving:			

Job title:		Supervisor:	Phone: ()
Employer:		Address, City, State, Zip:	
Dates Employed:	Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/>		
Hours worked per week:	Skill Obtained:		
Job Responsibilities:			
Reason for leaving:			

Job title:		Supervisor:	Phone: ()
Employer:		Address, City, State, Zip:	
Dates Employed:	Full time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer <input type="checkbox"/>		
Hours worked per week:	Skill Obtained:		
Job Responsibilities:			
Reason for leaving:			

PROFESSIONAL REFERENCES

Please list names, phone numbers and position titles of three professionals, not related to you, who know your qualifications

<i>Name</i>	<i>Phone Number</i>	<i>Position Title</i>

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge without consequential omissions of any kind whatsoever. I agree that the Suffolk Center for Cultural Arts shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers, or omissions made by me in this application.

I understand that false or misleading information given in my application or interview may result in termination of my application or discharge from employment if I am hired. If employed, I understand that I am required to abide by all rules and regulations of the Suffolk Center for Cultural Arts.

Signature of Applicant _____ Date _____

Please return completed Job Application to Gavin Harper, Education Manager, at the Suffolk Center for Cultural Arts. 110 West Finney Ave, Suffolk, VA 23434
You may also scan and email a copy to gavin.harper@suffolkcenter.org
757-923-0003 ext. 103

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Middle Name

Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **ADP Selection and Screening Services** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **ADP Selection and Screening Services** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **ADP Selection and Screening Services** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date