

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
Equal Opportunity Employer

DATE: _____

Personal Information

Name (last name first):			
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Secondary Phone No.	Referred by	
How'd you hear about us?			

Employment Desired

Position	Salary Desired					
Availability (circle days and time of day you are available)	Mon	Tues	Wed	Thurs	Fri	Sat
	6am-10am	6am-10am	6am-10am	6am-10am	6am-10am	6am-10am
	10am-4pm	10am-4pm	10am-4pm	10am-4pm	10am-4pm	10am-4pm
	4pm-9pm	4pm-9pm	4pm-9pm	4pm-9pm	4pm-9pm	4pm-9pm
Are you employed now? (circle yes or no)	Yes	No	If so, may we inquire of your present employer?		Yes	No

Education History

	Name & Location of School	Years Attended	Did you graduate	Subjects Studied
High School				
College #1				
College #2				
Trade, Business, or Correspondence School				

General Information

Other Dance Training	
Performance Experience	
Teaching Experience	
Preferred Age to Work With	
Preferred Dance Styles to Teach	
Other Skills	

Former Employers (list below last four employers, starting with last one first)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason For Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References (give below the names of four persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state law.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date:_____ Signature:_____