



Application for Employment

Equal Opportunity Employer

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

FOR OFFICE USE ONLY	
Status:	<input type="checkbox"/> Call <input type="checkbox"/> RJ <input type="checkbox"/> NLI <input type="checkbox"/> HL <input type="checkbox"/> OFFER
Contact Dates:	
Interview Date:	
HR:	<input type="checkbox"/> Post <input type="checkbox"/> R LTR <input type="checkbox"/> OFFER MADE
Paperwork Date:	
Notes:	

<input type="checkbox"/> Aronoff Center	<input type="checkbox"/> Music Hall	Position applied for:
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PERSONAL INFORMATION <small>Please Print Clearly</small>			
Last Name	First Name	Middle Initial	Date of application / /
Street Address	City	State	Zip Code
Home Phone () -	Cell / Work / Other () -	e-Mail Address	
Have you ever been employed by the CAA before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and positions:			
Are you legally eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for work: / /	
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			What is your desired salary range?

REFERRAL SOURCE <small>How did you hear about us?</small>	
<input type="checkbox"/> CAA Website	<input type="checkbox"/> Indeed.com <input type="checkbox"/> Walk In <input type="checkbox"/> Facebook
<input type="checkbox"/> Professional Organization	<input type="checkbox"/> Employee Referral
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other

AVAILABILITY INFORMATION <small>For part-time and seasonal positions, please indicate days and times you are consistently AVAILABLE to work:</small>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you able to work weekends and evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATIONAL BACKGROUND <small>Starting with your most recent school attended, provide the following information:</small>			
School Name, City & State	Years Completed	Coursework Completed	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

EMPLOYMENT HISTORY Starting with your most recent employer, provide the following information:

1 Employer Name and Address		Telephone Number () -
Job Title	Name & Title of Supervisor	Dates Employed Month/Year: / to /
Why did you leave?	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Summarize the type of work performed and job responsibilities		

2 Employer Name and Address		Telephone Number () -
Job Title	Name & Title of Supervisor	Dates Employed Month/Year: / to /
Why did you leave?	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Summarize the type of work performed and job responsibilities		

3 Employer Name and Address		Telephone Number () -
Job Title	Name & Title of Supervisor	Dates Employed Month/Year: / to /
Why did you leave?	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Summarize the type of work performed and job responsibilities		

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying

<input type="checkbox"/> Word Processing	_____	Years _____	<input type="checkbox"/> Specialty Equipment	_____	Years _____
<input type="checkbox"/> Spreadsheet	_____	Years _____	<input type="checkbox"/> Other Software	_____	Years _____
<input type="checkbox"/> Presentation	_____	Years _____	<input type="checkbox"/> Other	_____	Years _____

REFERENCES List three business/work references that are *not* related to you and are *not* previous supervisors.*If not applicable, list three school or personal references who are not related to you*

Name	Title	Relationship to You	Telephone	# of Years Known

APPLICANT STATEMENT

I believe the information provided above to be true, correct and complete, and I authorize the Cincinnati Arts Association (CAA) to verify it. I hereby agree to release all parties from all liability that may result from this verification process. I understand that any offer of employment may be contingent upon my passing of a criminal background check. If CAA learns that I falsified, misrepresented, misstated, or omitted any information in connection with this application or resume, such conduct may be a basis for denying my employment, or if I am already employed by CAA, my employment may be terminated immediately.

I understand CAA does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating my application from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from CAA and still wish to be considered for employment, it will be necessary for me to reapply with a new application.

This is not a contract for employment. In the event I am hired, I understand that I am employed at-will. This simply means that either CAA or I can terminate this employment relationship at any time, for any legal reason, with or without cause, and with or without notice.

I will not engage in, nor tolerate, illegal discriminatory or harassing workplace behavior on the basis of someone's race, sex, national origin, religion, color, sexual orientation, disability, age, marital status, or any other protected classification. I understand CAA does not tolerate such conduct. If I am involved in, or become aware of, any such conduct, I must immediately report it to the Human Resources Department.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____ / ____ / ____