



APPLICATION FORM

PERSONAL INFORMATION

Name (First, Last, Initial):

Street Address:

City/Province/Postal Code:

Home Number:

Cell Number:

Do you have a Social Insurance Number?: **Yes / No**

Do you have a police record?: **Yes / No**

AVAILABILITY

How many hours would you like to work per week?

How many days per week would you like to work?

Hours Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Education:	School	Years Attended	Diploma	Average Grade
School				
College				
University				
Other (ie. Trade)				

Certificates, licenses or other special qualifications:

Activities or special interests:

Do you have skills related to PowerPoint, Twitter, Facebook? **Yes / No**

How do you rate your skill level?

EMPLOYMENT HISTORY

May we contact past employers? **Yes / No**

May we contact current employers?: **Yes / No**

Name of Company:

Position and Duties:

Employed From – To:

Reason for Leaving:

Contact Name:

Position:

Phone Number:

Name of Company:

Position and Duties:

Employed From – To:

Reason for Leaving:

Contact Name:

Position:

Phone Number:

Have you worked for a theatre before? **Yes / No**

REFERENCES

List three people not related to you that we may contact:

Name	Phone Number	Relationship

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or cause my dismissal.

Date:

Signature of Applicant:
