

**Blackbird Academy of Arts, Inc.**  
**APPLICATION FOR EMPLOYMENT**

*Instructions to Applicant:*

**Please fill in all spaces.** If an item does not apply, write "N/A." This application will not be valid and processed unless completed in full. You must identify the specific position for which you are applying as this application only applies to the position(s) for which you are applying.

Please type or print in ink clearly. Provide only the information requested. You must complete your own application. Failure to do any of the above will result in disqualification of your application.

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security No. \_\_\_\_\_ Birthday (MM/DD/YYYY) \_\_\_\_\_

Present address \_\_\_\_\_  
NUMBER AND STREET APT. CITY STATE ZIP CODE

TELEPHONE 1 \_\_\_\_\_

TELEPHONE 2 \_\_\_\_\_

EMAIL \_\_\_\_\_

Position(s) applying for: [Be specific.]

Wage or salary desired: \$ \_\_\_\_\_ Date available for work: \_\_\_\_\_

Is there any time of the day or night, or particular days of the week, including weekends that you are unable to work?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state when: \_\_\_\_\_

Type of employment desired: Full time \_\_\_\_\_ Part time \_\_\_\_\_

If part-time, please state the number of hours and what days you are available to work: \_\_\_\_\_

Is there any reason you could not be at work regularly on time? \_\_\_\_\_

How were you referred for employment? \_\_\_\_\_

Can you travel if the job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you willing to work overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why do you wish to change jobs? \_\_\_\_\_

Do you have any relatives working for Blackbird Academy of Arts ? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name and relationship: \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If hired, proof of status will be required.)

Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, give details: \_\_\_\_\_

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

**EMPLOYMENT HISTORY** - List all work history, beginning with the most recent. Include period(s) of military service and self-employment. Use additional pages if necessary. If you cannot recall any information, so note.

**1.** Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Last Salary: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**2.** Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Last Salary: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**3.** Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Last Salary: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**4.** Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Last Salary: \_\_\_\_\_

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Please account for all periods of unemployment longer than three (3) months:

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## EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED	GRADUATED?	DEGREE
High School _____ _____		1 2 3 4	Yes No	_____
College _____ _____		1 2 3 4	Yes No	_____
Other _____ _____		1 2 3 4	Yes No	_____

List any additional work experience, education, skills, information, licenses, certifications, or special study relating to position applied for or of general interest not listed above. If you do not have room, please attach an additional page.

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For any special licenses listed above, please complete the following:

Type: \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_ National: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number of years of experience at that level: \_\_\_\_\_

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name, or nickname?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

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If hired, would you be willing to perform other jobs as needed? \_\_\_\_\_

*IF YOU ARE APPLYING FOR A CLERICAL POSITION, PLEASE COMPLETE THE FOLLOWING:*

Do you have experience with Microsoft Office? \_\_\_ Yes \_\_\_ No If yes, list type and amount (including experience with specific Microsoft Office products):

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Typing: WPM \_\_\_\_\_

159504

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**All applicants are considered for employment without regard to race, color, sex, age, religion, national origin, disability, or military veteran status.**

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*IMPORTANT: READ CAREFULLY*

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*I hereby authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above on this application blank, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal record, or any other relevant information they may have regarding me whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.*

*I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, personal characteristics, credit history or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.*

*If employed, I agree to conform to all policies, practices and procedures of Blackbird Academy of Arts, Inc. and acknowledge that these may be changed, interpreted, withdrawn, or amended at any time, with notice to employees.*

**I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.**

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Signature of Applicant

Date

