



APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

Beck Center for the Arts welcomes and engages every individual who shares the goal of enhancing the human spirit through arts experiences. We believe in the transforming and transcending power of the arts, the strength of collaboration, an inclusive and safe environment, and diversity as an essential component in all we do. We are committed to continuous learning for deeper understanding of equity and inclusion, using this understanding to create an environment that connects all people, communities, and cultures through the arts.

**MY INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Are you eligible to work in the U.S? Yes \_\_\_ No \_\_\_

Are you at least 18 years or older? Yes \_\_\_ No \_\_\_  
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a crime?

*A conviction will not necessarily automatically disqualify you for employment. Rather, factors including the nature and gravity of the offense, time passed since the offense, and nature of the job sought will be considered.*

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

**If yes**, please provide details (dates and location for all convictions)

\_\_\_\_\_

**EMPLOYMENT DESIRED**

Date you can start: \_\_\_\_\_

Hourly Rate/Salary desired: \_\_\_\_\_

Position desired: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If so may we inquire of your present employer? \_\_\_\_\_

Can you work any shift? Yes \_\_\_ No \_\_\_



**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

Can you work overtime, including weekends? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

**REFERRAL SOURCE**

How did you hear about us? (Walk In, Advertisement, Referral, Other) \_\_\_\_\_

Have you ever worked for this company before? Yes \_\_\_ No \_\_\_

Explain \_\_\_\_\_

Do you know anyone who works for our company? Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

**MY EDUCATION**

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School				
College or University				
Trade, Business or Correspondence School				

**MY EXPERIENCE**

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	



**APPLICATION FOR EMPLOYMENT**  
An Equal Opportunity Employer

From	To	Employer	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
From	To	Employer Name	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	
From	To	Employer	Telephone ( )
Job Title		Address	
Immediate supervisor & title		Summarize the nature of work performed and job responsibilities	
Hourly Rate/Salary		Reason for leaving	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

---



APPLICATION FOR EMPLOYMENT  
An Equal Opportunity Employer

Computer Skills (please describe):

---

**MY REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Beck Center for the Arts to hire me. If I am hired, I understand that I am an at-will employee and either Beck Center for the Arts or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Beck Center for the Arts has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Beck Center for the Arts true and complete information on this application. No requested information has been concealed. I authorize Beck Center for the Arts to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have omitted or concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_

Signature \_\_\_\_\_



### Voluntary Information

Beck Center for the Arts is an equal opportunity employer that does not discriminate in employment on account of race, color, religion, national origin, age, sex, marital status, sexual orientation, gender identity and expression, physical or mental disability, military status, or other status protected by law.

Your answers on this form will help us learn to what extent we are being successful in attracting and welcoming diverse individuals to our organization.

LAST NAME	FIRST NAME
<b>Veteran Status Group:</b> Please check the appropriate box below	
<input type="checkbox"/> Military Member or Veteran	
<input type="checkbox"/> Not Applicable	
<b>Disability Status:</b> Please the appropriate box below	
<input type="checkbox"/> Yes, I have a disability	
<input type="checkbox"/> No, I do not have a disability	
<input type="checkbox"/> I would rather not answer	
<b>Equal Opportunity Identification Group:</b> Please check the appropriate box below	
<input type="checkbox"/> White (Not of Hispanic or Latino Origin)	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American (Not of Hispanic or Latino Origin)	<input type="checkbox"/> Native American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> 2 or More Races _____
<b>Gender Identity:</b> Please check the appropriate box below	
<input type="checkbox"/> Female	
<input type="checkbox"/> Male	
<input type="checkbox"/> Transgender	
<input type="checkbox"/> Non-Binary	
<input type="checkbox"/> Other _____	
<b>Signature:</b>	<b>Date:</b>