



**Application for Employment**

After reading, PLEASE PRINT all information requested. This application will be used solely in connection with your application for employment with this company and for no other purposes without your express written permission. WCAC is an Equal Opportunity Employer.

**PERSONAL IDENTIFICATION**

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

Do you have dependable transportation to and from work? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Anticipated Salary \_\_\_\_\_

**EMPLOYMENT SOUGHT**

Date available to begin work \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

May we contact your employer? \_\_\_\_\_ Are you on layoff status and subject to recall? \_\_\_\_\_

Are you interested in Full Time? \_\_\_\_\_ Part Time \_\_\_\_\_ Day Shift \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Days and hours you are available to work \_\_\_\_\_ Days and hours not available to work \_\_\_\_\_

Are there any restrictions, personal or otherwise which would restrict the hours you can work? \_\_\_\_\_

If yes, please explain? \_\_\_\_\_

Would you be willing to work on an on-call basis? \_\_\_\_\_

How did you hear of the position?  Ad  Walk in  Friend/Relative  Internet  Other

Are you related to anyone who is working here? \_\_\_\_\_ Name \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

Do you have any experience working in food/beverage service? \_\_\_\_\_ What was your position? \_\_\_\_\_

How long did you work in food/beverage service? \_\_\_\_\_



# WELLSVILLE CREATIVE ARTS CENTER

124 North Main Street  
 Wellsville, NY 14895  
 Tel & Fax: (585) 593-3000  
 www.WellsvilleCreativeArtsCenter.com

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Do you have any management experience? \_\_\_\_\_

## EDUCATION

Years of Education Completed	Name of School	Diploma/degree/certificate	GPA
High School 9 10 11 12			
College 1 2 3 4 5 6			
Trade School 1 2 3 4 5 6			
If not a High School Graduate, do you have a G.E.D.?		If yes, place obtained:	
Subjects of Special Study or Research Work			
Special/Specific Skills			

## US MILITARY OR NAVAL SERVICE

Were you a member of the US Military? \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Date of Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 (Honorable, General, Etc...)

## EMPLOYMENT HISTORY

FROM MONTH/YEAR	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY
	EMPLOYER'S PHONE NUMBER			
TO MONTH/YEAR	EMPLOYER'S ADDRESS	SUPERVISOR'S NAME	POSITION WAS <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	REASON FOR LEAVING

FROM MONTH/YEAR	NAME OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY
	EMPLOYER'S PHONE NUMBER			
TO MONTH/YEAR	EMPLOYER'S ADDRESS	SUPERVISOR'S NAME	POSITION WAS <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME	REASON FOR LEAVING

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TO MONTH/YEAR	EMPLOYER'S PHONE NUMBER		SUPERVISOR'S NAME	POSITION WAS  <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	EMPLOYER'S ADDRESS			

**WORK REFERNCES DO NOT LIST FRIENDS, RELATIVES OR INDIVIDUALS RESIDING IN YOUR HOUSEHOLD**

INDIVIDUALS NAME	COMPLETE ADDRESS	BUSINESS/TITLE	PHONE

\*If you have been informed about the requirements of the job for which you are applying, do you feel you are capable of performing the activities involved in the job without reasonable accommodation? \_\_\_\_\_

\*NOTE: *No application will be rejected as a result of disability that, with reasonable accommodation, does not prevent performance of the essential job duties.*

Have you ever been Convicted, Pled Guilty, No Contest or Forfeited Bond or Bail for any crime other than traffic violations? \_\_\_\_\_

Explain \_\_\_\_\_

NOTE: *A conviction will not necessarily disqualify an applicant from employment.*

\*I certify that the facts contained in the application are true and complete to the best of my knowledge. I further understand that, if I am employed by Wellsville Creative Arts Center, falsified or misleading information and statements on this application shall be grounds for dismissal.

\*I authorize investigation of all statements contained herein and the references listed above to give you and all information concerning my previous employment and any pertinent information they may have, and release of this information. I authorize Wellsville Creative Arts Center to conduct a criminal background check including traffic violations and criminal arrest records.

\*I understand and agree that, if hired by Wellsville Creative Arts Center, my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without prior notice. I also understand that unless otherwise stated in an employment contract, the organization may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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