

Employment Application



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Please fill out all fields. Any fields left blank will result in an uncompleted application and will not be submitted.

EMPLOYEE INFORMATION:

Position(s) Applying For: Bartender Security Kitchen Street Team Lights/Visual Ticket Box

Name: _____
(Last) (First) (Middle)

Telephone: _____ Email: _____

Address: _____

Are you over 21? Yes No Are you legally eligible for employment in the U.S.? Yes No

I am seeking a Permanent Seasonal position. **I will be able to start working on** _____

Are you a veteran? Yes No Duty/ specialized training: _____

Do you have any felony convictions? Yes No If Yes, _____

Do we have your consent to run a background check? Yes No

If No, why? _____

Are you CPR / First Aid certified? Yes No Are you TIPS certified? Yes No

Do you have any other appropriate certifications? _____

AVAILABILITY INFORMATION:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Are you currently in school? Yes No If yes, _____

SKILLS AND QUALIFICATIONS

Why do you think you are qualified for your desired position?

What is your desired wage? _____ / hour.

WORK HISTORY

Please list most recent employment first. May leave blank if resume attached.

Employer: _____ Position Title: _____
Supervisor: _____ Phone: _____
Position Title/ duties, skills: _____

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SCHOOL HISTORY

School: _____ Dates Attended: _____
Major: _____ Degree Received: _____

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PERSONAL REFERENCES

Please list most recent references first.

Name: _____ Relation: _____
Occupation: _____ Phone: _____

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Occupation: _____ Phone: _____

Name: _____ Relation: _____
Occupation: _____ Phone: _____

Who's your favorite artist / band? _____

I _____ pledge all information is true.
(Print name)

x _____, ____/____/____
(Sign your name) (Today's date)