Bradford County Regional Arts Council Application Form
Theatre Floor Staff

Last Name: _____   First Name: _____
(please print)

Phone: _____   Birth Date (if under 18): _____
(must be 16 to apply)

Address: _____
(Street)

E-mail: _____

Are you currently employed?   ___ Yes   ___ No

What is your present occupation? _____

What hours and days are available for work? _____

When are you available to start work? _____

What are the top three reasons why you would like to work for the BCRAC?

1. _____

2. _____

3. _____

What are the three characteristics you believe are found in a great team member?

1. _____

2. _____

3. _____

What is your past customer and food service experience (if any)?

1. _____

2. _____

3. _____

Are you confident that you either possess the above characteristics or have the ability to learn them?   ___ Yes   ___ No

If you are still in high school, what school do you attend? _____

What grade are in? _____

Please list two previous places of employment (if possible):

_____   _____
(Business name)   (Business name)

_____   _____
(Employer's/Manager's name)   (Employer's/Manager's name)

_____   _____
(Phone number)   (Phone number)

Why did you leave? _____   Why did you leave? _____

May we call for a reference? ___ Yes ___ No   May we call for a reference? ___ Yes ___ No

Please list any volunteer work you do: What afterschool activities do participate in?

1. _____   _____

2. _____   _____

3. _____   _____

References: Please list at least two references (other than family):

_____   _____
(Name)   (Name)

_____   _____
(Position/Occupation)   (Position/Occupation)

_____   _____
(Phone number)   (Phone number)

May we call for a reference? ___Yes ___No   May we call for a reference? ___ Yes ___ No

At this job, constant cleaning is required. Is this something that you are willing to do?   ___ Yes ___ No
We have a uniform policy. Are you prepared to adhere to our dress code at all times?   ___ Yes ___ No
We also require that you maintain a positive mental attitude with staff and customers
 whenever you are at work. Do you feel you are able to do this?   ___ Yes ___ No

Is there any other information about you that you feel we should know?

_____

I, the undersigned, declare that the statements made   Thank you for taking the time to complete this
in this application form are to the best of my   application. Someone will be in touch with you
knowledge true and correct.   soon.

_____   _____
(Applicant's signature)   (Date of application)