



Application for Employment

5 North Orange Street, Suite 3
Carlisle, PA 17013
P 717.245.1190 | F 717.245.1189

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Personal Information

Name _____
Last First M.I.

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Last 4 Digits of Social Security # _____

Type of work for which you wish to be considered: Full-time Part-time Summer/Seasonal

If applying for Summer/Seasonal Employment:

What position do you wish to be considered for:

Hall Director Resident Advisor Summer Support Representative

Other Seasonal Support _____

Have you previously attended CPYB's 5-Week Summer Ballet Program? Yes No

If yes, give dates _____

Have you ever been employed with CPYB before? Yes No If yes, give dates _____

Have you ever been convicted of a felony or misdemeanor? (If yes, please explain.) _____

What source led you to make application with us? _____

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Note: We have very few positions eligible for workers under the age of 18. In those instances, Child Labor Laws apply.

If hired, when would you be available? _____

If applicable, what is your target pay rate? _____

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

Employer	Employed (from mo./yr. to mo./yr.)	Type of work performed	Present or last salary	Reason for leaving

Address/City

Name of Supervisor

Employer	Employed (from mo./yr. to mo./yr.)	Type of work performed	Present or last salary	Reason for leaving

Address/City

Name of Supervisor

Employer	Employed (from mo./yr. to mo./yr.)	Type of work performed	Present or last salary	Reason for leaving
Address/City				
Name of Supervisor				

Education

Schools	Name/Location	# Years Completed	Major Courses	Diploma/Degree
High School				
College				
Business or Trade				

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Do you have any other skills you wish to mention? _____

References

(Please list at least 2 professional references who are able to speak to your qualifications relative to the job you are applying for.)

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

How long have you known this person? _____

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

How long have you known this person? _____

I certify that the answers given by me to the foregoing questions, statements and accompanying documentation are true and correct to the best of my knowledge without consequential omissions of any kind.

I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application.

I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination.

I understand that a background check, credit check and/or a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical.

I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. I understand that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Applicant Signature _____ Date _____