



Special Gifts Theatre, Inc.

Opening Doors to New Possibilities

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Number Apartment/Unit #

Home Phone: (____) _____ Cell Phone: (____) _____ E-mail Address: _____
City State Zip Code

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S. YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Date of Birth (MM/DD only): _____ How did you learn of Special Gifts Theatre?: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list at least three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason For Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Emergency Contact

Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____

Please return this completed application, via email, fax or mail, along with your resume to:

Elise Larsen, Executive Director
Email: elarsen@specialgiftstheatre.org
Phone: (847) 564.7704 Fax: (888) 564.6021
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www.specialgiftstheatre.org