



TempleArts is an IRS approved 501(c)3 Not for Profit Organization doing business as the Saginaw Art Museum, the Temple Theatre and the Shaheen Performing Arts Center

## Employment Application

### Pertinent Information

Full Name: \_\_\_\_\_  
Last First M.I.

Current Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Work or Other Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

### Your Interest in TempleArts

*Please use the lines below to answer the questions. Thank you.*

**Hours:**

- Full Time                       Part Time                       Casual/Project (irregular hours)

**Availability:**

- Mornings                       Days                       Evenings
- Late Evenings                       Weekends

**Would you like to Work in a Specific Department?**

Yes    No    *If yes, please list three preferences (ex: Museum Services, Box Office, Usher, Administration, etc.)*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**What Unique Qualifications, skills, or interests could you bring to TempleArts?**

**Describe a situation when you received or provided excellent customer service?**

**Why would you like to work at TempleArts?**

**Employment**

**Employer 1** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
( )

**Address** \_\_\_\_\_ **Weekly Rate Start** \_\_\_\_\_

City \_\_\_\_\_ State ZIP \_\_\_\_\_ **Weekly Rate End** \_\_\_\_\_

**Supervisors Name and Title** \_\_\_\_\_ **Employment (MM/YYYY) to and from** \_\_\_\_\_  
( )

Explain your reasoning for leaving: \_\_\_\_\_

Describe the work you did (Include skills that you could apply at TempleArts):  
\_\_\_\_\_

**May we contact this employer?** Yes No If no, why not? \_\_\_\_\_

**Employer 2** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
( )

**Address** \_\_\_\_\_ **Weekly Rate Start** \_\_\_\_\_

City \_\_\_\_\_ State ZIP \_\_\_\_\_ **Weekly Rate End** \_\_\_\_\_

**Supervisors Name and Title** \_\_\_\_\_ **Employment (MM/YYYY) to and from** \_\_\_\_\_  
( )

Explain your reasoning for leaving: \_\_\_\_\_

Describe the work you did (Include skills that you could apply at TempleArts):  
\_\_\_\_\_

**May we contact this employer?** Yes No If no, why not? \_\_\_\_\_

**Employer 3** \_\_\_\_\_ **Telephone #** \_\_\_\_\_  
( )

**Address** \_\_\_\_\_ **Weekly Rate Start** \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Weekly Rate End \_\_\_\_\_

**Supervisors Name and Title** \_\_\_\_\_ **Employment (MM/YYYY) to and from**  
( \_\_\_\_\_ )

Explain your reasoning for leaving: \_\_\_\_\_

Describe the work you did (Include skills that you could apply at TempleArts):  
\_\_\_\_\_

**May we contact this employer?** Yes No If no, why not? \_\_\_\_\_

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**Employer 4** \_\_\_\_\_ **Telephone #**  
( \_\_\_\_\_ )

**Address** \_\_\_\_\_ **Weekly Rate Start**  
\_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Weekly Rate End \_\_\_\_\_

**Supervisors Name and Title** \_\_\_\_\_ **Employment (MM/YYYY) to and from**  
( \_\_\_\_\_ )

Explain your reasoning for leaving: \_\_\_\_\_

Describe the work you did (Include skills that you could apply at TempleArts):  
\_\_\_\_\_

**May we contact this employer?** Yes No If no, why not? \_\_\_\_\_

## Education

Print the Name & Address of Each School	Years Completed	Did you Graduate	Course of Study	Degree Earned?
High School	1 2	Yes		
	3 4	No		
College/Vocational	1 2	Yes		
	3 4	No		
Studies Abroad	1 2	Yes		
	3 4	No		
Graduate Studies	1 2	Yes		
	3 4	No		
Other	1 2	Yes		
	3 4	No		

**Have you completed any other courses of training programs that would impact your work?**

Yes    No    If yes, please explain:

## Memberships in Professional, Educational, or Civic Organizations

*Exclude those that may disclose your race, color, religion, or national origin.*

## Skills (For Office Applicants Only)

**Please indicate skills and speed where appropriate:**

Typing/Words per minute: \_\_\_\_\_ 10-key Adding: \_\_\_\_\_

**Please list computer software programs that you can proficiently use:**

**Professional References**

**Name/Title 1** **Business/Organization**

\_\_\_\_\_

**Address** **Telephone**

\_\_\_\_\_ ( ) \_\_\_\_\_

City State ZIP

**Association with you:** \_\_\_\_\_

**Name/Title 2** **Business/Organization**

\_\_\_\_\_

**Address** **Telephone**

\_\_\_\_\_ ( ) \_\_\_\_\_

City State ZIP

**Association with you:** \_\_\_\_\_

**Name/Title 3** **Business/Organization**

\_\_\_\_\_

**Address** **Telephone**

\_\_\_\_\_ ( ) \_\_\_\_\_

City State ZIP

**Association with you:** \_\_\_\_\_

**Additional Questions**

Have you ever been convicted of a crime? (Do not list traffic violations)

Yes No If yes, please explain:

Do you have any current pending felony charges?

Yes No If yes, please explain:

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

## Agreement

By my signature below, I certify that the information provided in this employment application (and accompanying resume or documentation, if any) is true and complete, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration of employment, and may lead to dismissal from employment, if discovered at a later date. If hired, I agree to immediately notify TempleArts if I should be convicted off any crime (other than a traffic offense) or charged with any felony.

I authorize any person, school, current employer, past employer(s), and organizations named in this application (and accompanying resume, if any) to provide the TempleArts with any information or opinion requested by TempleArts connection with any application and I release such persons and organizations from any legal liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obligated to comply with any and all current and subsequently adopted TempleArts policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason, with or without notice. I understand that no person is authorized to change any of the terms mentioned in this employment application.

I also understand that (1) TempleArts has a drug and alcohol policy that provides pre- employment testing as well as testing after employment, (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on successful passing of tests under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

As part of your application for employment, you are being asked to sign a release of information authorization. This is too allowed the company to verify your references and, at the company's discretion, to perform other background investigations to determine your qualifications for employment. Though a separate agency, we may investigate your academic credentials, prior employment, personal/professional references, credit record, motor vehicle record, and/or criminal record.

Should I have a legally protected physical or mental disability that affects my ability to perform my job, I may request that TempleArts provide a reasonable accommodation for it. I am aware that under Michigan's Persons with Disabilities Civil Rights Act I must make any request in writing for accommodation immediately known and no later than 182 days after the date that I know, or reasonably should have known, of my need for an accommodation. I understand; however, that my failure to request an accommodation under Michigan law does not waive any right that I may have to request an accommodation under the federal Americans with Disabilities Act of 1990, if applicable, at any time, verbally or in writing.

I further acknowledge and agree that any dispute or claim I may have arising from my application for employment, my actual employment, or my separation from employment with TempleArts must be filed within 180 calendar days (or less if based on a lesser limitations period) of the occurrence giving rise to the dispute or I will have waived my right to pursue the claim and any damages or remedy. I understand that I must file any such claim in Saginaw County, Michigan or in the U.S. Federal District Court of the Eastern District of Michigan, Northern Division, or I will forfeit my claims. Filing in another jurisdiction will not be valid or toll the above limitations period. I further agree that any such disputes properly filed will be heard before a judge only and that I hereby waive any right to a jury trial.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_