



Tuacahn Center for the Arts
 1100 Tuacahn Drive Ivins, UT 84738
 435-652-3200

Employment Application

We are an Equal Opportunity Employer

APPLICANT INFORMATION

Last	First	M.I.	Date
_____		_____	_____
Address		City	State Zip Code
_____		_____	_____
Home Phone	Cell Phone	E-mail Address	
_____/_____/_____	\$ _____	_____	
Date Available	Desired Pay	Position Applied for	
Age (optional): <input type="radio"/> 16-18* <input type="radio"/> 18-25 <input type="radio"/> 26 and over			

BACKGROUND INFORMATION

Are you a citizen of the United States? YES or NO If no, are you authorized to work in the U.S.? YES or NO
 Have you ever worked for Tuacahn? YES or NO..... If so, when? _____
 Have you ever been convicted of a felony? YES or NO..... If yes, explain: _____

EDUCATION

HIGH SCHOOL

NAME/LOCATION OF SCHOOL:	ADDRESS:

DID YOU GRADUATE? YES or NO RECEIVED: <input type="radio"/> Diploma <input type="radio"/> Other (specify)_____ <input type="radio"/> None	

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL

NAME/LOCATION OF SCHOOL:	ADDRESS:

ATTENDED FROM: _____ TO _____ DID YOU GRADUATE? YES or NO Degree: _____	

OTHER

NAME/LOCATION OF SCHOOL:	ADDRESS:

ATTENDED FROM: _____ TO _____ DID YOU GRADUATE? YES or NO Degree: _____	

REFERENCES

Please list three professional references

Full Name: _____	Phone: _____
Company: _____	Relationship: _____
Full Name: _____	Phone: _____
Company: _____	Relationship: _____
Full Name: _____	Phone: _____
Company: _____	Relationship: _____

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service and job-related volunteer work, if applicable. Use a separate block to describe each position or gap in employment. Resumes may be attach to provide additional information.

1	Name of Present of Last Employer: _____
Address: _____ Phone: _____	
Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____	
Duties and Responsibilities: _____ _____ _____	
Reason for Leaving: _____	

2	Name of Next Previous Employer: _____
Address: _____ Phone: _____	
Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____	
Duties and Responsibilities: _____ _____ _____	
Reason for Leaving: _____	

3	Name of Next Previous Employer: _____
Address: _____ Phone: _____	
Job Title: _____ Supervisor's Name: _____	
FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____	
Duties and Responsibilities: _____ _____ _____	
Reason for Leaving: _____	

DISCLAIMER AND SIGNATURE

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be ground for termination at a later date. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct and complete.

SIGNATURE: _____ DATE: _____