

EMPLOYMENT APPLICATION - BALLET AUSTIN, INC.

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, SEX, PREGNANCY, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, GENETIC INFORMATION, VETERANCE STATUS, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW

PERSONAL INFORMATION

Name: (Last, First, Middle)		Please list any other names used in the last five years:	
Current Residence: Street Address / City / State / Country / Zip (Dates)			
Previous Residences (last five years): Street Address / City / State / Country / Zip (Dates)			
		Month/Year	
		Month/Year	
		Month/Year	
		Month/Year	
Phone Number:		Private E-mail Address:	
Cellular Number:		Fax Number:	
Please tell us how you learned about the company:			

GENERAL INFORMATION

Have you ever been convicted of, pleaded guilty or nolo contendere to, otherwise been found guilty of, or received any form of deferred adjudication or disposition for, or are you currently being charged with, any crime (whether misdemeanor or felony) or other offense, excluding minor traffic and speeding violations and any expunged convictions? A "yes" response will not necessarily bar employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain the nature of each offense, the date of each offense, the county in which the offense was or will be prosecuted, the ultimate outcome for each offense (e.g., guilty verdict, no lo contendere plea, etc.), and any sentence received for each offense.			
U.S. Military Service: <input type="checkbox"/> Yes		Branch and Rank: <input type="checkbox"/> No	
Presently a member of the National Guard or Reserves: <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Specialty _____ Date entered _____		Discharge Date _____	
Can you provide proof of your right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are You Available for Full-Time Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Not, What Hours Can You Work?			
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age			
Position Desired:		What are your salary requirements?	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Year _____ Location _____	
State names of relative and friends working for us			

EDUCATION AND TRAINING

Name of School (COMPLETE THE HIGHEST LEVEL[S] OF EDUCATION ATTAINED)	Location (City, State) and/or Campus	Degree or Years Completed
High School		
Other School(s) (trade, etc.)		

SPECIALIZED SKILLS AND KNOWLEDGE: List any achievements or activities that you consider relevant to your ability to perform the job for which you are applying, such as: patents or awards received, licenses held, computer languages or SW programs, foreign languages (proficiency), etc.

SPECIALTIES: MARKETING, COMMUNITY ENGAGEMENT, MEDIA RELATIONS, EVENT PRODUCTION, ADVERTISING, AND SALES

EMPLOYMENT HISTORY

May we contact your present employer? Yes No

Have you ever been terminated or asked to resign from a position? Yes No

Have you worked under any other names? What were they? N/A

(LIST CURRENT OR MOST RECENT EMPLOYMENT FIRST.)

Name of Employer:	City / State
Immediate Supervisor and Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	From (mo/yr) To (mo/yr)
Job Responsibilities	
Compensation (Note base [yearly, monthly, hourly]; bonus; sales commission; stock...)	
Reason for Leaving	

Name of Employer:	City / State
Immediate Supervisor and Phone #	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	From (mo/yr) To (mo/yr)
Job Responsibilities	
Compensation (Note base [yearly, monthly, hourly]; bonus; sales commission; stock...)	
Reason for Leaving	

Name of Employer:	City / State
Immediate Supervisor and Phone Number	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	From (mo/yr) To (mo/yr)
Job Responsibilities	
Compensation (Note base [yearly, monthly, hourly]; bonus; sales commission; stock)	
Reason for Leaving	

REFERENCES:

PLEASE PROVIDE NAMES OF PEOPLE (NOT RELATED TO YOU) PREFERABLY A FORMER SUPERVISOR, COWORKER, ADVISOR, ETC. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	RELATIONSHIP	PHONE NUMBER
1.		
2.		
3.		

I understand and acknowledge the following:

1. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my qualifications for employment, and I hereby release all parties from any liability arising from such investigation. I specifically authorize investigation of my motor vehicle record, criminal record, and consumer credit history.

2. If I am offered employment, I will, as a condition of employment, furnish proof of my identity, that I am over 18 years of age and my legal right to work in the United States.

3. I certify that the information I have provided in this application, in any resume given to the company, or in any other communication to the company is true and complete to the best of my knowledge. I understand that if I am employed, any false statement, misrepresentation, or omission on this application, any resume given to the company, or in any other communication to the company may result in my immediate dismissal, regardless of when discovered.

4. I agree that, if I am offered employment, I will be required to conform to the rules, policies, procedures, and standards of the Company, as they may be adopted or modified from time to time.

5. I agree that any employment I may have with the company will be at-will and for no definite period, meaning the company and I will have the right to end the employment relationship at any time, for any or no reason, and with or without advance notice. I further understand and agree that no person other than the President and CEO of the company has the authority to alter the "at-will" nature of my employment and that any statement or assurance of anything other than at-will employment by any other person is not binding on the company. I further understand and agree that the President and CEO may not alter the at-will nature of my employment except by signing an agreement that specifically alters the at-will nature of my employment and is counter-signed by me.

6. I represent and warrant that I am free to be employed by the company and that I have no obligations to any former employer or otherwise that would prevent me from being employed with the company. I further represent and agree that I have not and will not improperly disclose any confidential business information, trade secrets, or proprietary information belonging to any former employer or other party.

7. I understand I may be required to submit to a illegal substances screening test as a condition of employment. I further understand that if I refuse to submit to such a test or such a test shows any detectable amount of illegal substances, I may be disqualified from being considered for employment, in accordance with applicable law.

_____ Signature	_____ Date
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