

Square Theatre Employment Application

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Email:** _____

Please Indicate the Hours You Are Available for Each Day:

Fri	Sat	Sun	Mon	Tue	Wed	Thurs

Dates available to work: Start _____ **End** _____

Shirt Size: _____ **Are you available for rain days?** _____

Which location are you applying for? _____

Special skills / Relevant work experience: _____

Why do you want to work for a theater? _____

What previous job have you enjoyed the most and why? _____

What is "your" favorite movie? _____

What is the worst movie you've ever seen all the way through?

What is the worst meal you've ever eaten? _____

Work history: (last two years only)

Name of company: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____ **Start/end Dates:** ____/____/____

Reason for Leaving: _____

Name of company: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____ **Start/end Dates:** ____/____/____

Reason for Leaving: _____

Name of company: _____ **Phone:** _____

Address: _____

Name of Supervisor: _____ **Start/end Dates:** ____/____/____

Reason for Leaving: _____

Applicant's signature _____

Date: _____