

How long did you work in food/beverage service? _____

124 North Main Street Wellsville, NY 14895 Tel & Fax (585) 593–3000 www.WellsvilleCreativeArtsCenter.com

Application for Employment

After reading, PLEASE PRINT all information requested. This application will be used solely in connection with your application for employment with this company and for no other purposes without your express written permission. WCAC is an Equal Opportunity Employer.

PERSONAL IDENTIFICATION Position Applied For ____ ____ Date ____ _____ Social Security # _____ Address _____ STREET CITY/TOWN _____ Are you 18 years or older? _____ Phone ___ Do you have dependable transportation to and from work? _____ Do you have the legal right to work in the United States? _____ Anticipated Salary _____ EMPLOYMENT SOUGHT Date available to begin work ______ Are you currently employed? _____ May we contact your employer? _____ Are you on layoff status and subject to recall? _____ Are you interested in Full Time? _____ Part Time _____ Day Shift _____ Evening ____ Weekend _____ Days and hours you are available to work _____ Days and hours not available to work _____ Are there any restrictions, personal or otherwise which would restrict the hours you can work? _____ If yes, please explain? _____ Would you be willing to work on an on-call basis? _____ How did you hear of the position? ☐ Ad ☐ Walk-in ☐ Friend/Relative ☐ Internet □ Other ____ Name ____ Are you related to anyone who is working here? _____ Who were you referred by? _____ Do you have any experience working in food/beverage service? _____ What was your position? ____

Signature _

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FROM MONTH/YEAR	N/	AME OF EMPLOYER	TYPE OF BUSINESS		POSITION HELD	SALARY
	EMPLO	YER'S PHONE NUMBER				
TO MONTH/YEAR	.		SUPERVISOR'S NAME		POSITION WAS	REASON FOR
	EMPLOYER'S ADDRESS				PART TIME	LEAVING
WORK REFERENC	CES Doi	not list friends, relatives,	or individua	ls residing in y	your household.	1
INDIVIDUAL'S NAME		COMPLETE ADDRESS		BUSINESS/TITLE		PHONE
involved in the job without	reasonable	equirements of the job for wh accommodation?				
		result of disability that, with reaso				
Explain				or any crime othe	er than traffic violations	?
*I certify that the facts contained	d in the appli	ualify an applicant from employments cation are true and complete to the fon and statements on this applice	e best of my kno	-		loyed by Wellsville Creativ
	have, and rel	ontained herein and the reference ease of this information. I authoriz				
wages and salary, be terminate	ed at any tim	ellsville Creative Arts Center, my one without prior notice. I also und es (including wages, hours, and w	erstand that un	less otherwise stat	es in an employment con	

_ Date _