



TOBIN CENTER[®]

FOR THE PERFORMING ARTS

EMPLOYMENT APPLICATION

**PLEASE PRINT CLEARLY AND ANSWER ALL QUESTIONS.
RESUMES ARE NOT A SUBSTITUTE FOR A COMPLETED APPLICATION.**

TO APPLICANT: We appreciate your interest in the Tobin Center for the Performing Arts. A clear and full understanding of your background and work history will aid in the consideration for the position for which you are applying. Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability, veteran's status or other legally protected status. A criminal background check and drug screening will be addressed at a later stage in the candidate process in keeping with and to the extent allowed by applicable law.

NAME: _____ EMAIL: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

POSITION APPLYING FOR: _____ DATE: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

HAVE YOU WORKED FOR OR APPLIED TO THE TOBIN BEFORE? *Y N* IF YES, WHAT POSITION? _____

DO YOU HAVE RELATIVES EMPLOYED BY THE TOBIN? *Y N* IF YES, WHO? _____

ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? *Y N* DESIRED SALARY: _____

ARE YOU 18 YEARS OF AGE OR OLDER? *Y N* IF NO, STATE YOUR AGE: _____

ARE YOU SEEKING FULL OR PART-TIME EMPLOYMENT? *FULL-TIME PART-TIME* DESIRED SHIFT: _____

WHEN ARE YOU AVAILABLE TO BEGIN WORK? _____

COMPUTER, LANGUAGE, AND ANY OTHER EXPERIENCE OR SKILLS WHICH YOU FEEL QUALIFIES YOU FOR THE POSITION:

IF A LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE LIST THE FOLLOWING:

LICENSE #: _____ STATE ISSUED: _____ LICENSE TYPE: _____

EDUCATION	SCHOOL NAME/LOCATION	COURSE OF STUDY	# OF YRS	DEGREE/DIPLOMA
HIGH SCHOOL				
COLLEGE				
POST-GRADUATE				
BUS/TECH/TRADE				

REFERENCES: List three people other than relatives who are in the position to evaluate your current or previous employment experience. Preferably former supervisors or people with whom you have worked.

NAME	TITLE	COMPANY	YRS KNOWN	PHONE

EMPLOYMENT HISTORY

Please list below your employment history beginning with the most recent employer.

COMPANY: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY/STATE/ZIP: _____
JOB TITLE: _____ COMPENSATION: _____
SUPERVISOR'S NAME: _____
DUTIES: _____
REASON FOR LEAVING: _____

COMPANY: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY/STATE/ZIP: _____
JOB TITLE: _____ COMPENSATION: _____
SUPERVISOR'S NAME: _____
DUTIES: _____
REASON FOR LEAVING: _____

COMPANY: _____ DATES EMPLOYED: _____ TO _____
ADDRESS: _____ CITY/STATE/ZIP: _____
JOB TITLE: _____ COMPENSATION: _____
SUPERVISOR'S NAME: _____
DUTIES: _____
REASON FOR LEAVING: _____

APPLICANT ACKNOWLEDGMENT OF TERMS AND CONDITIONS

I certify that all the information on this application, my resume, or any supporting documentation is correct. I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer, or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, The Tobin Center may terminate my employment at any time, with or without any reason.

I authorize The Tobin Center or its agents to investigate all statements contained in this application and/or resume. Criminal background checking will be addressed at a later stage in the candidate process in keeping with and to the extent allowed by applicable law. A credit and background check may be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character and general reputation. I hereby authorize former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, and references from all liability due to furnishing information to this company or its agents.

Should I wish to obtain a copy of the consumer credit history report (if applicable), it will be provided upon written request. I hereby release from liability The Tobin Center and its representatives for seeking such information and all other person, corporations or organizations for furnishing such information.

I understand that, as a condition of employment, I may be required to sign a non-compete agreement, a conflict of interest statement, and/or arbitration agreement. Except where prohibited under statutory law, I hereby agree to arbitrate all disputes regarding my application for employment and any employment-related matters rather than resolving them in a court or other forum. I understand that The Tobin Center has a drug-free workplace and a post-accident drug-testing program. If I am offered a conditional offer of employment, I agree to work under the conditions requiring a drug-free workplace. I also understand that all employees of the location may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If detected, the offer of employment will be withdrawn. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo random, fitness for duty, return to work and/or reasonable suspicion alcohol and drug testing. Refusal to take such tests when asked may result in termination.

This application is current for only sixty (60) days. At the conclusion of this time, if you have not heard from The Tobin Center and still wish to be considered for employment, it will be necessary for you to complete a new application.

APPLICANT'S SIGNATURE: _____ DATE: _____

115 AUDITORIUM CIRCLE · SAN ANTONIO, TEXAS · 78205
PLEASE EMAIL COMPLETED APPLICATION TO LUANN.STIDHAM@TOBINCENTER.ORG

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.