



**DELTA CLASSIC
CHASTAIN
PARK AMPHITHEATER**

Delta Classic Concerts at Chastain Park Amphitheater brought to you by the Atlanta Symphony Orchestra, Promoter

deltaclassicchastain.com

PLEASE COMPLETE APPLICATION AND

MAIL TO

Delta Classic Chastain
Employment
2200 Encore Parkway
Alpharetta, GA 30009

OR FAX TO (404) 733-5024

APPLICATION FOR CASUAL EMPLOYMENT ONLY

Robert W. Woodruff Arts Center is an equal opportunity employer. Applications are considered for all positions without regard to race, color, national origin, religion, sex, age, disability, status as a Vietnam-era or special disabled veteran, or any other basis or condition protected by applicable law.

PERSONAL INFORMATION

Full Name (Please Print) _____ Social Security No. _____ Date _____
Last First Middle

Present Address _____
Street

City State Zip

Telephone Email

Only US Citizens or aliens with the legal right to work in the US are eligible for employment. Do you have documentation establishing your identity and eligibility to be legally employed in the United States? Yes or No

Have you been convicted of a Crime in the last 10 years (Misdemeanor or Felony)? Yes or No If yes, Please Explain _____

(Note: A Conviction will not necessarily bar you from Employment)

Are you 18 years of Age or Older? Yes No If No, Specify Age _____ Years.

Individual to Notify in Case of Emergency _____ Telephone _____

JOB INTEREST

Position Applied _____ Date Available _____ Please Check all positions of interest _____
 Box Office Event Staff Customer Service
 Maintenance Concessions Other

Are you Available Full-Time? _____ If not, what hours can you work? _____

Have you worked any where in the Woodruff Arts Center before? Yes or No If Yes, When? _____

List any Relatives or Friends Working for Us _____

How did you Learn of this Opening? Referral Source: (Please check box)

Advertisement State Employment Agency Web Site High School Other _____

EDUCATION

	Name	Location (City and State)	Graduated Yes No	Major/Minor	If No Degree, Indicate Number of Credits Received Towards Degree
High School					
College					
Graduate					
Business					
Other					

Professional License/ Certifications:

SKILLS

Please List all Business Machines you can Operate and Computer Software with which you are familiar:

Typing WPM:

EMPLOYMENT HISTORY

Please list your current or most recent employer first. If lapses occurred between periods of employment, please specify in the space provided below:

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Please list below any lapses in Employment History:

Is there any other information, not already covered by this application, that you would like for us to know about you in considering you for employment with our organization?

ACKNOWLEDGEMENT SECTION

I certify that all statements made by me on this application, in the resume (if any) I submitted to the Robert W. Woodruff Arts Center, and during my interviews with the Arts Center are true and correct, to the best of my knowledge. In the event of employment, I understand that my employment is predicted upon the truthfulness and accuracy of these statements, and further understand that any misrepresentation, falsification or omission of facts, regardless of when discovered, shall be grounds for my discharge from employment.

I authorize investigation of all statements made in this application and my resume as may be necessary in arriving at an employment decision or in determining my suitability for continued employment. Specifically, I authorize the Woodruff Arts Center and its agents (including any investigative agencies retained by the Arts Center) to request and receive any information and records concerning me, including but not limited to my character, general reputation, background, consumer credit, criminal record, education and prior employment. I grant permission to any person, educational institution, partnership, corporation, governmental or law enforcement agency, court or licensing authority to provide the Woodruff Arts Center any information pursuant to this authorization, and I hereby release the Woodruff Arts Center, its affiliates, employees, representatives and agents and the above listed entities from any and all liability, claims or damages in connection with obtaining or releasing such information.

If hired, I agree to conform to the policies and procedures of the Woodruff Arts Center as issued from time to time. I understand that employment and compensation can be terminated, with or without cause or notice at any time, at the option of either the Woodruff Arts Center or myself.

I understand that this application is not a contract of employment, and that completion of this application does not in any way obligate the Woodruff Arts Center to hire me or offer me a job. I understand and agree to immediately notify the Woodruff Arts Center if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while this application is pending or during my period of employment.

Signature of Applicant: _____ Date: _____