

# Application for Employment With the New York State Summer School of the Arts

## Part 1. GENERAL INFORMATION

JOB TITLE <input type="checkbox"/> ADA <input type="checkbox"/> Head Counselor <input type="checkbox"/> Counselor	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB (mm/dd/yyyy) /    /
<b>SCHOOL OF INTEREST</b>		
<input type="checkbox"/> Ballet <input type="checkbox"/> Choral <input type="checkbox"/> Dance <input type="checkbox"/> Jazz <input type="checkbox"/> Media <input type="checkbox"/> Orchestra <input type="checkbox"/> Theatre <input type="checkbox"/> Visual Arts		
NAME (Last, First, and Middle Initial)	EMAIL ADDRESS	
MAILING ADDRESS	SOCIAL SECURITY NUMBER	HOME TELEPHONE
		WORK TELEPHONE
		CELL PHONE

## Part 2. BACKGROUND INFORMATION

DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No    License number, State and expiration date
Have you ever been convicted of a misdemeanor or felony within the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Part 3. EDUCATION AND TRAINING

School Name and Location	Month/Year Attended	Major	Type of Degree	Year degree

## Part 4. EMPLOYMENT HISTORY

1. Present or Last Employer	Employer's Address	Employer's Phone Number
Your title	Months/years employed	Average hours /week
Immediate Supervisor's Name	Reason for leaving	# of Employees Supervised
2. Employer	Employer's Address	Employer's Phone Number
Your title	Months/years employed	Average hours /week
Immediate Supervisor's Name	Immediate Supervisor's Name	Reason for leaving
3. Employer	Employer's Address	Employer's Phone Number
Your title	Months/years employed	Average hours /week
Immediate Supervisor's Name	Reason for leaving	# of Employees Supervised

## Part 5. DATE AND SIGNATURE

<b>TO BE ACCEPTED, YOU MUST SIGN AND DATE THIS APPLICATION.</b>	All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.
_____ Date (Month/Day/Year)	_____ Signature