



1100 16th Street  
Washington, DC 20036

VOICE 202. 296. 9100  
FAX 202. 261. 0200  
TTY 202. 261. 0201  
wvsa@wvsarts.org  
www.wvsarts.org

# APPLICATION

FULL OR PART TIME EMPLOYMENT  
 INTERNSHIP

VOLUNTEER     WEEK DAYS  
 WEEKENDS  
 WEEK NIGHTS

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

<b>PERSONAL</b>	Last Name	First	Middle	Date
	Street Address			Home Telephone (     )
	City, State, Zip			Business telephone (     )
	Have you ever applied for employment with us in the past? Yes    No    If yes: Month and Year _____ Location _____			Email
	Position Desired			Social Security #
	Are you available for full-time work? Yes    No    If not, what hours can you work? _____			Pay Expected
	Are you legally eligible for employment in the United States?			Will you work overtime if asked? Yes    No
	Other special training or skills (languages, machine operation, etc.)			When will you be available to begin work? _____

<b>EDUCATION</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Elementary					
	High School					
	Business/Trade/Technical					
	College					
	Graduate					

**Membership in Professional or Civic Organizations**  
(You may exclude those which disclose your race, color, religion or national origin)


SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present most recent employer.

<b>1</b>	Company Name _____ Date _____	Telephone (____) _____
	Address _____	Employed - (State month and year) From _____ To _____
	Name of Supervisor _____	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
	_____	
<b>2</b>	Company Name _____ Date _____	Telephone (____) _____
	Address _____	Employed - (State month and year) From _____ To _____
	Name of Supervisor _____	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
	_____	
<b>3</b>	Company Name _____ Date _____	Telephone (____) _____
	Address _____	Employed - (State month and year) From _____ To _____
	Name of Supervisor _____	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
	_____	
<b>4</b>	Company Name _____ Date _____	Telephone (____) _____
	Address _____	Employed - (State month and year) From _____ To _____
	Name of Supervisor _____	Weekly pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving _____
	_____	

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT**

Employer Number(s) \_\_\_\_\_

Reason \_\_\_\_\_

## MILITARY

Did you serve in the U.S. Armed Forces?  Yes  No

If "Yes", in what Branch? \_\_\_\_\_

Describe any training received relevant to the position for which you are applying.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_