
Last Name

First Name

Middle Initial

Position Applied For

Date



Employment Application

Please Read Before Completing Application

- All Sections of this application **MUST** be completed in their entirety. A resume may be attached as an addition to the completed form. **A resume is not a substitute for completing this Employment Application form.**
- The Straz Center is committed to providing equal employment opportunities to all applicants for employment without regard to age, race, color, gender, national origin, citizenships status, veteran status, marital status, religion, disability, handicap, genetic information or any other protected status in accordance with the requirements of applicable federal, state and local laws.
- In accordance with the Immigration Reform and Control Act of 1986, as amended, all prospective employees will be required to show proof of personnel identity and authorization for employment in the United States by completing Form I-9 prior to commencing employment.
- All candidates for hire will be required to undergo an extensive background review.
- The Straz Center maintains a drug-free workplace.

1010 North W.C. MacInnes Place Tampa Fl, 33602-3720
P.O. Box 518 Tampa, Fl 33601-0518

EMPLOYMENT APPLICATION

DAVID A. STRAZ, JR. CENTER FOR THE PERFORMING ARTS

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last	First	Middle Initial
Street Address		Apartment/Unit #
City	State	Zip
Phone	E-mail Address	
Date Available	Desired Salary	

Position Applied For: Full Time
 Part Time

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on your work and educational record? YES NO

If yes, please explain:

Have you ever been employed by the Straz Center or the Tampa Bay Performing Arts Center? YES NO If yes, list date(s) and position applied for:

If hired, can you furnish proof that you are over 18 years of age? YES NO

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? YES NO

Are you authorized to work in the U.S.? YES NO

Are you related to anyone currently employed by the Straz Center? YES NO

Are you related to anyone who is currently a member of the Straz Center's Board of Trustees? YES NO

If you are applying for a position requiring operation of a vehicle, Do you have a current Florida Drivers License? YES NO

Have you ever committed, been convicted of, plead guilty or no contest to, or had adjudication withheld with respect to a felony or misdemeanor?
 YES NO

If yes, please explain (including dates), as it is the Straz Center's policy to check all criminal history records:

Have you been arrested for any matters which you are out on bail or on your own recognizance pending trial? YES NO

If yes, please provide the date(s) and details:

NOTE: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION AND TRAINING

Name of High School	Address
Did you graduate? [] YES [] NO	
Name of College	Address
From To	Did you graduate? [] YES [] NO
Other Education	Address
From To	Did you graduate? [] YES [] NO
Describe any professional certification, job-related training, skills, languages spoken and/or specialized training that may qualify you for the position applied for:	

Employment History

Please complete this section in detail whether or not you provide a resume

Current or Last Employer	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Job Duties	
From To	Reason for leaving
May we contact your previous supervisor?	[] YES [] NO
Company	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Job Duties	
From To	Reason for leaving
May we contact your previous supervisor?	[] YES [] NO
Company	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Job Duties	
From To	Reason for leaving
May we contact your previous supervisor?	[] YES [] NO

PROFESSIONAL REFERENCES

Please list three **professional** references

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY (UNITED STATES)

Have you ever served in the Armed Services for the United States?	[] YES [] NO
If yes, did you acquire any job-related skills during your military service?	

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby certify all of the information provided by me in this Employment Application ("Application") and/or any other accompanying or required documents, is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that if I am hired by the David A. Straz, Jr. Center for the Performing Arts (the Company), my employment will be for no definite period. I further understand that I have the right to terminate my employment at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I grant the Company or any subsidiary or affiliated company permission to check the information submitted by me in connection with this Application and to make a thorough investigation of my past education and employment.

I authorize the employers and references listed in this Application, unless otherwise indicated above, to give the Company any and all information concerning my previous employment and other pertinent information they may have.

I understand that if offered a position with the Company, I will be required to submit to a pre-employment criminal background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment checks will result in withdrawal of any employment offer or termination of employment if already employed. I release the Company and all persons or entities supplying such information to the Company from any liability for any damage which may result from furnishing information to the Company.

I further agree to provide evidence of my authorization to be employed in the United States in order to be employed and to be kept employed with the Company.

Additionally, I understand and agree that nothing contained in this Application or in the granting of an interview is intended to create an employment contract between the Company and me and no promises of employment have been made to me.

I understand and acknowledge that if I am extended an offer of employment, I will be placed on an introductory period of probation, and that if terminated for unsatisfactory performance during that period, the Company will timely notify Florida's Agency for Workforce Innovation of this reason for termination so that it will not be responsible for any future unemployment benefits that I might seek under applicable law. I further understand and acknowledge that completion of this introductory probationary period does not confer on me or otherwise alter my continued at-will employment status with the Company.

Please read carefully before signing. If there is something you do not understand you may request to speak with a representative of the Human Resources Department for clarification.

Signature: _____

Date: _____