



Theatre By the Beach

OCEANVIEW Pavilion

Dorill B. Wright Cultural Center

575 E. Surfside Drive | Port Hueneme, CA 93041 | (805) 986-4818 | www.oceanviewinfo.com

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position Applied For: _____ Full Legal Name: _____

Address: _____

Phone Home No.: _____ Cell No.: _____

Email Address: _____

Social Security No.: _____ CPR/FIRST AID Yes ___ No ___ Current__ Expired__

Education

High School (highest year completed) 1 2 3 4 Year Graduated _____

College (highest year completed) 1 2 3 4 5 6 7 8 Year Graduated _____

*If graduated (please fill-up below)

Table with 5 columns: Name of Institution, Degree Received, Major or Specialty, Minor, Dates Attended. Contains three empty rows for data entry.

Special Skills (please check)

Other Special Skills, Hobbies, Experience (please check)

other languages _____
Typing Speed _____
Excel _____
Photoshop _____
Microsoft Word _____
Publisher _____

Musical Instruments _____
Drama/Theatre _____
Arts & Crafts _____
Sports _____
Other _____
Other (2) _____

License (to include driver's), certificates of other authorization to practice a trade or profession

Table with 3 columns: TYPE, LICENSE NUMBER, GRANTED BY. Contains three empty rows for data entry.

FOR OFFICE USE ONLY

Applicant Hired _____ N/A _____

Date Employed _____ Department _____

Signature of Interviewing Official _____



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Employment History (List most recent or present employer/s first)

Employer _____ Job Title _____

Address: _____

Type of Business _____ Supervisor/Title _____

*Can we contact your previous supervisor for reference purposes? _____ Number: _____

Job Duties

Start Date _____ End Date _____

Salary (start) _____ (last) _____ *Optional Hours / Week _____

Type of Employment: [] Full-Time | [] Part-Time

Reason for Leaving:

Employer _____ Job Title _____

Address: _____

Type of Business _____ Supervisor/Title _____

*Can we contact your previous supervisor for reference purposes? _____ Number: _____

Job Duties

Start Date _____ End Date _____

Salary (start) _____ (last) _____ *Optional Hours / Week _____

Type of Employment: [] Full-Time | [] Part-Time

Reason for Leaving:



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Employer _____ Job Title _____

Address: _____

Type of Business _____ Supervisor/Title _____

*Can we contact your previous supervisor for reference purposes? _____ Number: _____

Job Duties

Start Date _____ End Date _____

Salary (start) _____ (last) _____ ***Optional** Hours / Week _____

Type of Employment: [] Full-Time | [] Part-Time

Reason for Leaving:

Pay Rate Desired: _____

References (Includes Employment and Personal)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

Name and Phone to contact (in case of emergency): _____

***Employment History (2) provide copy of resume and be thorough**



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Miscellaneous (Please Check)

- A. Which shift you will accept ___ Day ___ Evening ___ Rotating ___ Weekends
- B. Which job status you will accept ___ Full-Time ___ Part-Time
- C. Which employment status will you accept ___ Salaried ___ Hourly
- D. Will you accept employment which requires travel: ___ Yes ___ No
- E. Are you willing to provide your own transportation if necessary for employment? ___ Yes ___ No
- F. Are you a non-smoker? ___ Yes ___ No

When will you be available to start employment? _____

CERTIFICATION - Each applicant requires current date and original signature

* I hereby certify that all entries on both sides and attached are true and complete, I agree and understand that any falsification of information herein, regardless of time and discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and Educational Institutions listed regarding this application. I further authorize Oceanview Pavilion to rely up use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on need-to-know basis for good cause shown as determined by the agency head of designee

The above information is provided by signer under penalty of perjury.

Signature

Date

Applicant's Printed Name