

TLC Staff/Intern Application

APPLICANT GENERAL INFORMATION

Name (First, MI, Last):	SS#:
Mailing Address:	
City, State, and Zip Code:	
Telephone:	Email:

GUARDIAN INFORMATION (for applicants under the age of 18)

Name (First, MI, Last):	Relation to Applicant
Telephone:	Email:

WORK AVAILABILITY

List all days/times you are unable to work:	<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">SU</td> <td style="width: 12.5%;">M</td> <td style="width: 12.5%;">TU</td> <td style="width: 12.5%;">W</td> <td style="width: 12.5%;">TH</td> <td style="width: 12.5%;">F</td> <td style="width: 12.5%;">S</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	SU	M	TU	W	TH	F	S							
SU	M	TU	W	TH	F	S									
List any known trips/vacations															
List other working conflicts or restrictions															

ADDITIONAL INFORMATION

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	___ YES ___ NO
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	___ YES ___ NO
If you answered "Yes", please explain:	
Do you have a driver's license: ___ YES ___ NO	DL Number:
Highest education level:	
___ in high school ___ high school graduate ___ in college ___ college graduate	
Any other training that may assist you in this position:	

THEATRICAL LEARNING CENTER (TLC) HANDBOOK

WORK HISTORY/EXPERIENCE 1

Company:	Position:	Year(s):
Supervisor's Name		Phone Number:

WORK HISTORY/EXPERIENCE 2

Position:	Year(s):
Supervisor's Name	
Phone Number:	

WORK HISTORY/EXPERIENCE 3

Company:	Position:	Year(s):
Supervisor's Name		Phone Number:

REFERENCE 1

Name:	How Acquainted:
Phone Number:	Email:

REFERENCE 2

Name:	How Acquainted:
Phone Number:	Email:

REFERENCE 3

Name:	How Acquainted:
Phone Number:	Email:

SELF-EVALUATION

Self Motivation / Initiative	Weak- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -Strong
Ability to collaborate	Weak- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -Strong
Ability to follow directions	Weak- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -Strong
Ability to work with children	Weak- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -Strong
Knowledge of Theatre	Weak- 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -Strong

ADMINISTRATION ONLY

INTERVIEW COMPLETED	BACKGROUND CHECK COMPLETED	REFERENCES CALLED
DATE _____ BY _____	DATE _____ BY _____	DATE _____ BY _____