

Mikadow Theatre 1118 Washington Street Manitowoc, WI 54220 www.mikadow.com

Employment Application

		Applicant	Informati	on						
Full Name:						Date of Birth:				
T dii Ttarrio.	Last	First			M.I.					
Address:										
	Street Address					Apartment/Unit #				
	City				State	ZIP Code				
Phone:			Email							
Date Available: Soc		cial Security No.:			Desired Salary:					
Position App Hours Availa										
Are you a citi	izen of the United States?	YES NO	If no, a	are you	authorized to	YES work in the U.S.?	NO			
Have you ever worked for this company?		YES NO	If yes, w	hen?						
Have you ever been convicted of a felony?		YES NO								
If yes, explain	n:									
Education										
High School:		Address	:							
From:	To:	Did you graduate	YES ?	NO	Diploma:					
College:		Address	:							
From:	To:	Did you graduate	YES ? 🔲	NO	Degree:					
		Professiona	al Referer	nces	_					
Full Name:					Relation	onship:				
Company:						Phone:				
Address:										
Full Name:					Relation	onship:				
Company:						Phone:				
Address:										

Previous I	Employmeı	nt		
Company:			Phone:	
Address:			Supervisor:	
Job Title: Starting	Starting Salary:\$			
Responsibilities:				
From: To:				
May we contact your previous supervisor for a reference?	YES	NO		
Company:			Phone:	
Address:			Supervisor:	
Job Title: Starting	Starting Salary:			
Responsibilities:				
From: To:	Reason f	or Leaving:_		
May we contact your previous supervisor for a reference?	YES	NO		
Company:			Phone	
Company:Address:			Phone:Supervisor:	
Job Title: Starting				
Responsibilities:				
From: To:	Reason f	or Leaving:_		
May we contact your previous supervisor for a reference?	YES	NO		
Military	y Service			
Branch:		_ From:_	To:	
Rank at Discharge:	Type of	f Discharge:_		
f other than honorable, explain:				
Disclaimer and complete to the best of the sapplication leads to employment, I understand that false	and Signat	ure e.		
result in my release.	or misiedulli	ıy ırındırılatıdı	т пт ту аррисацоп от ппетием тау	
Signature:			Date:	