



**Work History**

Use additional sheets if necessary and/or attach a resume or CV.

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Current or Last Employer

Address

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Job Title

Supervisor's Name

Telephone

May We Contact Employer: Yes/No

Date Employed (mo./year): \_\_\_\_\_

Date Separated (mo./year): \_\_\_\_\_

Full Time: Years \_\_\_\_ Months \_\_\_\_

Part Time: Years \_\_\_\_ Months \_\_\_\_

If part time, number of hours  
worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties/responsibilities

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Employer

Address

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Job Title

Supervisor's Name

Telephone

May We Contact Employer: Yes/No

Date Employed (mo./year): \_\_\_\_\_

Date Separated (mo./year): \_\_\_\_\_

Full Time: Years \_\_\_\_ Months \_\_\_\_

Part Time: Years \_\_\_\_ Months \_\_\_\_

If part time, number of hours  
worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Major duties/responsibilities

The Choral Arts Collective – Employment Application

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Employer

Address

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Job Title

Supervisor's Name

Telephone

May We Contact Employer: Yes/No

Date Employed (mo./year): \_\_\_\_\_

Date Separated (mo./year): \_\_\_\_\_

Full Time: Years \_\_\_\_ Months \_\_\_\_

Part Time: Years \_\_\_\_ Months \_\_\_\_

If part time, number of hours  
worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Major duties/responsibilities

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Employer

Address

---

Job Title

Supervisor's Name

Telephone

May We Contact Employer: Yes/No

Date Employed (mo./year): \_\_\_\_\_

Date Separated (mo./year): \_\_\_\_\_

Full Time: Years \_\_\_\_ Months \_\_\_\_

Part Time: Years \_\_\_\_ Months \_\_\_\_

If part time, number of hours  
worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Major duties/responsibilities

**The Choral Arts Collective – Employment Application**

**References**

Please provide three, non-family, references that can speak to your qualifications for this position. May include individuals listed as supervisors in the Work History above.

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Name	Relationship
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Title	Company
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Telephone	Email
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Name	Relationship
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Title	Company
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Telephone	Email
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Name	Relationship
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Title	Company
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Telephone	Email
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I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action.

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Signature of Applicant	Date
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