## **Choir of the Sound: Assistant Director Application Form**

		Applicant li	nformat	ion				
Full Name:						Date:		
	Last	First			M.I.			
Address:	Chronic Andrews					A = 0 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1		
	Street Address					Apartment/Unit #	•	
	City				State	ZIP Code		
	•	_						
Phone:		l	Email					
Date Availat	ole:							
Position App	olied for:							
Are you a citizen of the United States?  YES NO  If no, are you authorized to work in the U.S.?								
Have you ever worked for this company?  YES NO  If yes, when?								
YES NO Have you ever been convicted of a felony?								
If yes, explain:								
		Educ	ation					
High School	:	Address:						
From:	To:	Did you graduate?	YES	NO	Diploma::			
College:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
		Refere	ences					
Please list t	three professional referen	ces.						
Full Name:					Relations	ship:		
Company: Address:					Ph	one:		
Full Name:					Relations	ship:		
Company:						one:		

Address:								
Full Name:	Relationship:							
Company:	Phone:							
Address:								
Previous E	imployment imployment							
Company:	Phone:							
Address:	Supervisor:							
Job Title:								
Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?  YES  NO								
Company:	Phone:							
Address:	Supervisor:							
Job Title:								
Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?	YES NO							
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:	Date:							