

Sarasota Orchestra
709 North Tamiami Trail
Sarasota, FL 34236
941-953-4252

INTERNSHIP/EMPLOYMENT APPLICATION

SO is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, sexual orientation, age, disability, marital status or national origin. In accordance with the Americans with Disabilities Act, SO will provide reasonable accommodation upon request to applicants to facilitate the application process. This is a Drug-Free Workplace.

ABOUT YOU

Name _____

Current Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Email _____

Permanent Address _____

City _____ State _____ Zip _____

Are you 18 years of age or over? _____ Yes _____ No

(If not, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)

JOB INTEREST

Position(s) Desired: ___ Winter Internship (Jan. –May) ___ Summer Internship (May-Aug.)

Dates you will be available to work _____

This is a full time, temporary position (35-40 hours per week required)

EDUCATION AND TRAINING

Highest level of School Completed (circle one)

High School Bachelor's Degree Master's Degree Doctorate

HIGH SCHOOL Name _____ City/State _____

Did you graduate? _____ Yes _____ No Date _____

Receive G.E.D.? _____ Yes _____ No Date _____

COLLEGE, Name _____ City/State _____
UNIVERSITY Dates of Attendance: From _____ to _____
OR OTHER Field of Study _____
SCHOOL Type of Degree Obtained _____ Date _____

COLLEGE, Name _____ City/State _____
UNIVERSITY Dates of Attendance: From _____ to _____
OR OTHER Field of Study _____
SCHOOL Type of Degree Obtained _____ Date _____

DRIVING RECORD

If you are applying for a position that requires driving a vehicle, please provide the following information:

Driver's License No. _____ State _____ Expiration _____

Has your license ever been revoked or suspended? _____ Yes _____ No

If yes, please explain: _____

EMPLOYMENT HISTORY

List two places of employment, including Military Service, in the past five years. If you were employed under a different name, please provide that name (_____).

Employer _____ Supervisor _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Position Held _____

Dates of Employment: From _____ To _____

Salary _____/per _____ May we contact? _____ Yes _____ No

Duties _____

Reason for Leaving _____

Employer _____ Supervisor _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Position Held _____

Dates of Employment: From _____ To _____

Salary _____/per _____ May we contact? _____ Yes _____ No

Duties _____

Reason for Leaving _____

Please indicate any skills, licenses or certifications you believe are applicable to the position:

Computer _____

Office/clerical _____

Arts Organizations/Festivals/Non-profit _____

Other _____

PROFESSIONAL REFERENCES

(Include persons other than relatives and employers)

Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

GENERAL INFORMATION

Do you smoke? _____ Yes _____ No If yes, how much? _____

BACKGROUND INFORMATION

Are you legally eligible for employment in the U.S.? _____ Yes _____ No

(You will be required to provide proof upon employment)

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime?

_____ Yes _____ No If Yes, please explain _____

(A criminal record will not necessarily be a bar to employment)

Have you ever been sued for causing the death of, or injury to any person, or any property damage (e.g., for assault, battery, defamation, etc.)? _____ Yes _____ No If Yes: Date _____

Please explain the nature of the claims in the lawsuit(s) and disposition(s)

Do you have any commitments, including non-compete agreements or any other restrictive covenants to any other entity, business or person that might affect your employment with Sarasota Orchestra?

_____ Yes _____ No If yes, please explain _____

If you are applying for a position that requires state or national registration, certification or license, you must furnish current proof of registration, certification or license.

Registration, Certification or License No. and Type _____

Year _____ State(s) _____

Are there any other experiences, skills or qualifications that you feel especially qualify you for work with SO? _____

Please review the job description (if applicable) for the position for which you are applying. Are you able to perform the essential job-related functions for that position with or without reasonable accommodation? _____ Yes _____ No

EMERGENCY INFORMATION

Person to be notified in case of emergency:

Name _____ Telephone _____

Relationship _____ Address _____

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that SO will attempt to verify statements made on my application and made during my employment interview. I give permission for my former employers and personal references, as well as law enforcement officials, to answer any questions and to furnish information concerning me. I release SO and all former employers and my references from any liability as a result of the furnishing and receiving of this reference and background information.

I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment documents may result in disqualification from further employment consideration or termination from employment.

I understand that if I am employed by SO, I must conform to the policies and rules of the SO. I understand that my employment relationship will be at will and I have the right to terminate my employment at any time, with or without notice, with or without cause, and that SO has a similar right. I understand my employment by SO does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by SO.

I consent and agree to take any pre-employment physical examinations and such future physical examinations and any drug or alcohol tests as part of or separate from any such physical examinations, as may be required by Federal or State law/regulation, as well as SO's policy.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon SO's ability to verify this necessary information.

Date

Applicant's Signature

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications are considered inactive after 30 days from date of application unless renewed, in writing, by the applicant at this location.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
