



## EMPLOYMENT EXPERIENCE

Please note your *relevant* work experience.

Employer's name and address: \_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## ACTIVITIES

For each activity, please indicate if you have 1 interest, 2 solid understanding of, or 3 teaching/leadership experience in:

<input type="checkbox"/> Directing	<input type="checkbox"/> Screenwriting	<input type="checkbox"/> Editing w/ Final Cut Pro
<input type="checkbox"/> 16mm Film Cameras	<input type="checkbox"/> Digital Video Cameras	<input type="checkbox"/> Cinematography
<input type="checkbox"/> Acting	<input type="checkbox"/> Directing Actors	<input type="checkbox"/> DVD Authoring
<input type="checkbox"/> Animation	<input type="checkbox"/> Producing	<input type="checkbox"/> Sound Recording/Design
<input type="checkbox"/> Photography	<input type="checkbox"/> Photoshop	<input type="checkbox"/> Dance - Ballet
<input type="checkbox"/> Dance - Modern	<input type="checkbox"/> Dance - Hip Hop	<input type="checkbox"/> Choreography

## ATTACHMENTS

Please attach resume and answer these questions on separate sheets of paper.

A. Why do you want to work at the School of Cinema & Performing Arts?

B. How does your experience and/or academic pursuits relate to employment at SOCAPA?

**REFERENCES**

Please list three people unrelated to you who can judge your qualifications for employment at SOCAPA, INC; include title, the name of the organization for which they work, the organization’s address, and telephone number.

**ACKNOWLEDGMENT**

1. I affirm the information contained in this application is true and complete. I understand if it is not, I may be eliminated from consideration for a position at SOCAPA, INC. If, after being hired, falsehoods or omissions are discovered in my application, I understand my employment may be terminated.

2. I understand all statements in my application may be investigated. I authorize SOCAPA, INC to contact (with the exception of the following people:

\_\_\_\_\_ ) anyone who might be able to speak about my ability to perform my job at SOCAPA, INC.

3. I authorize SOCAPA, INC to contact any person, school, or employer, except as specifically excluded above, for relevant information and opinions that may be useful in making a hiring decision, and I release such persons and organizations from legal liability in making such statements.

4. I understand if I am hired to work any SOCAPA Summer Camps, SOCAPA, INC will do a criminal background check on me.

5. I understand if offered a position with the SOCAPA, INC, I may be asked to submit, at my expense, a copy of my police record from the state of my most recent residence of more than one year.

6. I understand if offered a position that entails driving duties, SOCAPA, INC and the camp’s insurance company may process a Motor Vehicle Report on me.

6. I understand if offered a position, I must have had a physical examination with two years of my start date at SOCAPA, INC; I will submit a copy of this report to SOCAPA, INC signed by my physician within the twelve months prior to my start date at SOCAPA, INC.

\_\_\_\_\_  
Applicant’s Signature      Date