

For
MCT
Use
Only

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Notes:

CONFIDENTIAL EMPLOYMENT APPLICATION

Name of Applicant ▶ _____ Stage Name If Applicable ▶ _____

Permanent Address Or Parent's Address ▶ _____
 Number / Street / Apt # City State Zip Code

Current Address ▶ _____
 Number / Street / Apt # City State Zip Code

Phone Number ▶ _____ Personal Email ▶ _____

At Current Address Until ▶ _____ Exact Date of Earliest Availability ▶ _____

University ▶ _____ Highest Degree Earned or anticipated ▶ _____

Graduation Date or anticipated ▶ _____ Union Affiliation if applicable ▶ _____

What scheduling conflicts might you have for the contract period for which you are applying?

Examples: a wedding; class reunion; must return to school by a certain date

▶ _____

Are you authorized to work lawfully in the US? ▶ Yes ▶ No

Do you have a valid US Driver's License? ▶ Yes ▶ No

Do you have a valid US Passport? ▶ Yes ▶ No

MCT requires a current passport

Have you driven on a regular basis over the past two years? ▶ Yes ▶ No

Do you have experience with winter driving conditions? ▶ Yes ▶ No

Please list all the states where you have resided over the past 5 years.

▶ _____

Is there additional information about you that MCT should know?

▶ _____

REFERENCES Please provide three individuals familiar with your performance skills. Do not include relatives.

Name Relationship

Professional Position Years Known

Email Contact Number



Name Relationship

Professional Position Years Known

Email Contact Number



Name Relationship

Professional Position Years Known

Email Contact Number

Do you have any moving violations on your driving record? Yes No

If Yes, give dates/details. Examples: speeding, accident, running stop sign.

Empty lines for driving record details

Have you ever been convicted of a crime, felony, or misdemeanor? Yes No

If Yes, please explain.

Empty lines for conviction details

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is NOT an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview, on this form or on any attachments or résumés are grounds for terminating the application process or, if discovered after employment, terminating employment. The Disclosure and Authorization form must be completed for the application to be processed.

PLEASE READ THE FOLLOWING, THEN SIGN AND DATE BELOW

I certify that I have read and understand the above Applicant Note and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I authorize MCT, Inc. and/or its agents, including consumer-reporting bureaus, to verify any of this information. Further, I authorize all former employers, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Signature Date



DISCLOSURE AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Missoula Children's Theatre may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 866-886-5644, Fax: 866-721-8263, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **Disclosure Regarding Background Investigation** and certify that I have read and understand it. I also am aware that I may request **A Summary of Your Rights Under the Fair Credit Reporting Act** from MCT Inc. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by VICTIG, 14587 South, 790 West, Suite C 201, Bluffdale, UT 84065 Phone: 866-886-5644, Fax: 866-721-8263, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

- Minnesota and Oklahoma applicants or employees only** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.
- California applicants or employees only** Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

I am authorizing VICTIG, Inc to conduct the background check(s) described above.

I acknowledge I may request a hard copy of this Disclosure and Authorization form by calling VICTIG at Telephone: 866-886-5644 or Fax: 866-721-8263.

APPLICATION CANNOT BE PROCESSED WITHOUT COMPLETING THIS FORM

Name ▶ _____

Social Security # ▶ _____ Date of Birth ▶ _____

Address ▶ _____
STREET CITY STATE ZIP CODE

Driver's License # ▶ _____ State _____ Expires _____

Signature ▶ _____ Date ▶ _____