

# JOB APPLICATION

## CALIFORNIA STAGE & LIGHTING

3601 W. Garry Ave.  
Santa Ana, CA 92704  
714.966.1852

DATE \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ MALE  FEM

POSITION APPLIED FOR \_\_\_\_\_

FULL TIME  PART TIME  DATE AVAILABLE TO BEGIN \_\_\_\_\_

WAGE DESIRED \$ \_\_\_\_\_ ARE YOU EMPLOYED AT PRESENT? \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE USA? \_\_\_\_\_ IF YOU ARE NOT A CITIZEN

PLEASE LIST VISA TYPE AND NUMBER \_\_\_\_\_

HAVE YOU, SINCE THE AGE OF 18, BEEN CONVICTED OF A FELONY?

YES  NO  IF YES, PLEASE EXPLAIN \_\_\_\_\_

A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT. EACH CONVIC-  
TION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO THE TIME, CIRCUMSTANCES  
AND SERIOUSNESS.

HAVE YOU EVER HAD A BACK, SHOULDER, HAND, WRIST OR KNEE INJURY?

If yes, please describe in detail the nature of the injury, the treatment you received, whether you  
continue to receive any treatment for such injury, and whether you are currently under any limita-  
tions or restrictions as a result of this injury. (Use other side of paper if necessary)

HAVE YOU EVER BEEN ABSENT FROM WORK FOR MORE THAN 5 CONSECU-  
TIVE DAYS? (If yes, please describe in detail the reason for your absence.) \_\_\_\_\_

LIST BELOW YOUR MOST RECENT EMPLOYERS, BEGINNING WITH THE CUR-  
RENT OR MOST RECENT ONE. (Please attach resume if available)

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

THEATRICAL EXPERIENCE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_