

APPLICATION FOR EMPLOYMENT



PROSPECTOR

Please fill out and return the attached application by mail or in person to:

THE PROSPECTOR
C/O Human Resources
25 Prospect Street
Ridgefield, CT 06877

The Prospector is a 501(c)(3) non-profit dedicated to providing competitive and inclusive employment to people with disabilities through the operation of a premium, first-run movie theater located in Ridgefield, CT.

APPLICATION FOR EMPLOYMENT



POSITION(s) APPLYING FOR (check all that apply)

- | | |
|----------------|------------------|
| Usher | Human Resources |
| Concessions | Café |
| Box Office | Facilities |
| Clean Team | Service Learning |
| Production | Operations |
| Projection | Development |
| Events/Parties | Gourmet Popcorn |
| Other _____ | |

How many hours per week are you seeking to work?

less than 10 10 to 30 over 30

Can you work evenings and on weekends?

YES NO

Do you have reliable transportation to/from work?

YES NO

Do you have a job coach or Support Provider

YES NO

If yes, please provide name and telephone number

(_____) _____ - _____ Name _____

PERSONAL INFORMATION

NAME (LAST)	NAME (FIRST)	M.I.
PRESENT ADDRESS (including city, state & zip)	SOC. SECURITY NUMBER	REFERRED BY
PHONE	E-MAIL	
GUARDIANSHIP STATUS	GUARDIAN NAME	GUARDIAN PHONE NUMBER

EDUCATION

List below your educational background that is relevant to the job for which you are applying, including high school/GED, colleges, trade, and other relevant education.

INSTITUTION TYPE	NAME OF SCHOOL AND LOCATION	YEARS COMPLETED	DIPLOMA/GED/DEGREE/CERTIFICATE OBTAINED	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
GRADUATE				
ANY OTHER JOB RELATED TRAINING				

EMPLOYMENT HISTORY

Please provide an accurate and complete list of your full-time and part-time employment. You may also include as part of your employment history any verified work performed on a volunteer basis. Start with your present or most recent employer.

DATES OF EMPLOYMENT	EMPLOYER NAME/ PHONE NO.	POSITION	JOB DUTIES	DIRECT SUPERVISOR NAME
TO: FROM:				
TO: FROM:				
TO: FROM:				
TO: FROM:				

IS THERE ANY REASON WHY WE MAY NOT CONTACT YOUR PRESENT OR PREVIOUS EMPLOYERS? YES NO

IF YES, PLEASE EXPLAIN: _____

REFERENCES

Please provide up to three service provider, job coach, direct supervisor or work-related references.

NAME	PHONE NO.	RELATIONSHIP TO APPLICANT	YEARS KNOWN

Please tell us why you would like to work at the Prospector and how you would be a great member of the team.

EQUAL OPPORTUNITY EMPLOYER

Prospects, Opportunity and Enrichment, Inc. ("Company") is committed to a policy of equal employment opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, status as a victim of domestic violence, genetic predisposition or information, military or veteran status, or any other legal recognized protected basis under federal, state, or local laws, regulations, or ordinances. We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, in accordance with applicable federal, state, and local law. If you believe you require such assistance to complete this form or to participate in the interview process, please contact our employment team at jobs@prospectorthetheater.org.

APPLICANT CERTIFICATION

This Company is an at-will employer as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the Company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the company is authorized to enter into an agreement – express or implied – with me or any applicant for employment for a specified period of time, unless such an agreement is in a written contract signed by the president of the Company.

If hired, I agree to conform to the rules and regulations of the Company, and I understand that the Company has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the abovementioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. I authorize the Company to perform a background check through a third-party provider to confirm the information provided in this Application and to review my background history, and understand that any offer of employment is conditioned upon the results of any such background check. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS AFTER A COMPLETE, SIGNED APPLICATION IS RECEIVED. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU HAVE READ AND ANSWERED ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF LEGAL GUARDIAN (if applicable)

DATE

VOLUNTARY & CONFIDENTIAL SELF-IDENTIFICATION OF DISABILITY

The mission of Prospects, Opportunity and Enrichment, Inc. is to employ and train adults with disabilities through the operation of a community-supported non-profit movie theater that emphasizes great service and programming along with a positive work environment where all employees and volunteers are committed to fulfilling the mission. To help us to measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability.

Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and confidential and will not be used against you in any way.

What is a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities can include, but are not limited to: intellectual disability, cognitive disability, blindness, deafness, cancer, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis, missing limbs or partially missing limbs, PTSD, obsessive compulsive disorder, or impairments requiring the use of a wheelchair. This list is not all-inclusive.

Please check one of the responses below:

Yes, I have a disability (or previously had a disability)

No, I do not have a disability

I do not wish to answer

APPLICANT'S SIGNATURE

DATE

SIGNATURE OF LEGAL GUARDIAN (if applicable)

DATE
