

SOUTHERN ACADEMY FOR THE PERFORMING ARTS

USHER APPLICATION FORM

Please complete this application form and submit it along with a resume.

PERSONAL DATA

Name: _____
Address: _____
Contact #'s: (H) _____ (W) _____ (Cell) _____
Email: _____

ARTISTIC TRAINING/PARTICIPATION

Music: Dance: Drama: Stage Management:
Other: Please explain below:

SPECIALIZED TRAINING

Ushering: _____
Protocol: _____
Public Relations: _____

SPECIAL SKILLS

AVAILABILITY - Check all that apply

Weekday Mornings: Weekend Mornings:
Weekday Afternoons: Weekend Evenings:
Weekday Evenings: Public Holidays:

REFERENCES

(Please give at least 2 names, their Place of Work, Address and Contact Information)

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CRIMINAL HISTORY

Please note that answering "Yes" to any of the following questions will not necessarily disqualify you. Factors such as the age, time, seriousness and nature of the offense will be considered when making our decision.

Have you ever been convicted by a court of law (locally or abroad)?

YES

NO

If answer is "Yes" please provide further details.

EMERGENCY CONTACT INFO:

Person to notify:

Address:

Contact #:

I certify that I have read and understood the questions on this application form and that the answers given by me to the questions and the statements are complete, true and correct to the best of my knowledge and belief. I understand that any false information, omission or misrepresentation of facts in this application (or otherwise obtained), may result in non-acceptance of my application, or termination of my services. I authorize the company to verify any of this information.

Signature: _____

Date: _____