

# The Chappaqua Performing Arts Center

## EPIC Ambassador Employment Application (Part-Time)

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

- Usher
- Clean Team
- Concessions
- Other \_\_\_\_\_

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 #  
\_\_\_\_\_

**APPLICANT INFORMATION**

NAME (LAST)	FIRST	MIDDLE INITIAL
PRESENT ADDRESS (include 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			YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
GRADUATE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
ANY OTHER JOB RELATED TRAINING (I.E. TRADE SCHOOL)			YES <input type="checkbox"/> NO <input type="checkbox"/>	

## EMPLOYMENT HISTORY

PLEASE PROVIDE AN ACCURATE AND COMPLETE LIST OF YOUR FULL-TIME AND PART-TIME EMPLOYMENT, INCLUDING FULL-TIME OR PART-TIME EDUCATION. 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
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

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

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## REFERENCES

FURNISH UP TO THREE SERVICE PROVIDER, JOB COACH, DIRECT SUPERVISOR OR WORK-RELATED REFERENCES

NAME	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT	YEARS KNOWN

Please tell us why you would like to work at The Chappaqua Performing Arts Center and why you would be a great member of the team.

## APPLICANT CERTIFICATION (Required)

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THIS TOWN OF NEW CASTLE IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE TOWN OF NEW CASTLE 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 Town of New Castle 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 Town of New Castle's policies and applicable federal, state, and local law.

If employed by the Town of New Castle, I understand and agree that the Town of New Castle, 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.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE TOWN OF NEW CASTLE, AND I UNDERSTAND THAT THE TOWN OF NEW CASTLE 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 Town of New Castle 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 Town of New Castle 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 Town of New Castle and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. I authorize the Town of New Castle 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 Town of New Castle to provide truthful information concerning my employment to future employers and hold the Town of New Castle harmless for providing such information.

If hired by the Town of New Castle, 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 Town of New Castle. I also understand this Town of New Castle 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

TODAY'S DATE

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SIGNATURE OF LEGAL GUARDIAN (if applicable)

DATE

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## Equal Opportunity Employer

The Town of New Castle 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 Jill Shapiro at [JShapiro@mynewcastle.org](mailto:JShapiro@mynewcastle.org)

# VOLUNTARY & CONFIDENTIAL SELF-IDENTIFICATION OF DISABILITY

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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

TODAY'S DATE

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SIGNATURE OF LEGAL GUARDIAN (if applicable)

DATE

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