

Robert W. Woodruff Arts Center

Application for Employment

Robert W. Woodruff Arts Center is an equal opportunity employer. Applications are considered for all positions without regard to race, color, national origin, religion, sex, age, disability, status as a Vietnam-era or special disabled veteran, or any other basis or condition protected by applicable law.

PERSONAL INFORMATION

Full Name (Please Print) _____ Social Security No. _____ Date _____
 Last First Middle

Present Address _____ Telephone No. _____
 Street
 City State Zip

Only US Citizens or aliens with the legal right to work in the US are eligible for employment. Do you have documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you been convicted of a Crime in the last 10 years (Misdemeanor or Felony)? Yes No
 If yes, please explain.

(Note: A Conviction will not necessarily bar you from Employment)

Are you 18 years of Age or Older? Yes No If No, Specify Age _____ Years.

Individual to Notify in Case of Emergency _____ Telephone _____

JOB INTEREST

Position Applied _____ Date Available _____ Salary Requirements _____

Are you Available Full-Time? Yes No If not, what hours can you work?

Have you worked for us before? Yes No If Yes, When?

List any Relatives or Friends Working for Us: _____

How did you learn of this opening? (Please check at least one)

Advertisement Business School State Employment Agency Employee Referral Walk-In
 Social Services College/University Private Employment Agency High School Other _____

EDUCATION

	Name	Location (City and State)	Graduated Yes No	Major/Minor	If No Degree, Indicate Number of Credits Received Towards Degree
High School					
College					
Graduate					
Business					
Other					

Professional License/
 Certifications:

SKILLS

Please List all Business Machines you can Operate and Computer Software with which you are familiar: _____ Typing WPM: _____

PROFESSIONAL REFERENCES

Name	Address	Phone	Relationship	Years Known

EMPLOYMENT HISTORY

Please list your current or most recent employer first. If lapses occurred between periods of employment, please specify in the space provided below:

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Company: _____ Type of Business: _____

Length of Employment From: _____ To: _____

Address: _____

Telephone: _____ Position: _____

Supervisor's Name & Title: _____

Reason for Leaving: _____

Primary Duties: _____

May We Contact? Yes or No

Company: _____ Type of Business: _____
Length of Employment From: _____ To: _____
Address: _____
Telephone: _____ Position: _____
Supervisor's Name & Title: _____
Reason for Leaving: _____
Primary Duties: _____
May We Contact? Yes or No

Company: _____ Type of Business: _____
Length of Employment From: _____ To: _____
Address: _____
Telephone: _____ Position: _____
Supervisor's Name & Title: _____
Reason for Leaving: _____
Primary Duties: _____
May We Contact? Yes or No

Please list below any lapses in Employment History:

Is there any other information, not already covered by this application, that you would like for us to know about you in considering you for employment with our organization?

ACKNOWLEDGEMENT SECTION

I certify that all statements made by me on this application, in the resume (if any) I submitted to the Robert W. Woodruff Arts Center, and during my interviews with the Arts Center are true and correct, to the best of my knowledge. In the event of employment, I understand that my employment is predicted upon the truthfulness and accuracy of these statements, and further understand that any misrepresentation, falsification or omission of facts, regardless of when discovered, shall be grounds for my discharge from employment.

I authorize investigation of all statements made in this application and my resume as may be necessary in arriving at an employment decision or in determining my suitability for continued employment. Specifically, I authorize the Woodruff Arts Center and its agents (including any investigative agencies retained by the Arts Center) to request and receive any information and records concerning me, including but not limited to my character, general reputation, background, consumer credit, criminal record, education and prior employment. I grant permission to any person, educational institution, partnership, corporation, governmental or law enforcement agency, court or licensing authority to provide the Woodruff Arts Center any information pursuant to this authorization, and I hereby release the Woodruff Arts Center, its affiliates, employees, representatives and agents and the above listed entities from any and all liability, claims or damages in connection with obtaining or releasing such information.

If hired, I agree to conform to the policies and procedures of the Woodruff Arts Center as issued from time to time. I understand that employment and compensation can be terminated, with or without cause or notice at any time, at the option of either the Woodruff Arts Center or myself.

I understand that this application is not a contract of employment, and that completion of this application does not in any way obligate the Woodruff Arts Center to hire me or offer me a job. I understand and agree to immediately notify the Woodruff Arts Center if I should be convicted of a felony or any crime involving dishonesty or a breach of trust while this application is pending or during my period of employment.

Signature of Applicant: _____ Date: _____

APPLICATION MUST BE COMPLETED AND SIGNED TO BE VALID

*Complete signature upon arrival at the Woodruff Arts Center

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us 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 will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have 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 include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Robert W. Woodruff Arts Center
VOLUNTARY INVITATION TO SELF-IDENTIFY
For Employee (Pre-Offer)

This employer is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity, gender, and veteran status (if applicable). Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information you submit will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **This form will be kept in a confidential file separate from your application for employment.**

Name _____ Address: _____

Position _____

Gender: Male Female

Please select **only one** of the choices below: (Explanations of these categories are listed on the 2nd page of this form)

Ethnicity: Hispanic or Latino

- Race:
- White (not Hispanic or Latino)
 - American Indian or Alaskan Native (not Hispanic or Latino)
 - Black or African American (not Hispanic or Latino)
 - Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 - Asian (not Hispanic or Latino)
 - Two or more races (not Hispanic or Latino)

Declines Self-Identification

SPECIAL NOTICE TO PROTECTED VETERANS:

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed on the 2nd page of this form, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled Veteran*
- Recently Separated Veteran
- Active Wartime of Campaign Badge Veteran
- Armed Forces Service Medal Veteran

- _____
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
 - I am NOT a protected veteran.

* If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Signature: _____ Date: _____

This form should be completed and returned to Robert W. Woodruff Arts Center as soon as possible.

Please return to: **1280 Peachtree St. NE, Atlanta, GA. 30309**

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EXPLANATION OF THE CATEGORIES:

- **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, and of the White Race.
- **White:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- **Black (or African American):** A person having origins in any of the black racial groups of Africa.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- **Disabled Veteran** is one of the following:
 - o a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - o a person who was discharged or released from active duty because of a service-connected disability
- **Recently Separated Veteran** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed Forces Service Medal Veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING

APPLICANT INFORMATION (Please Print)

Account Number: 101-120034

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Gender: * <input type="checkbox"/> Male <input type="checkbox"/> Female	Former Address: (1)
Social Security Number:*	City: _____ State: _____ Zip: _____
Driver's License Number.: _____ State: _____	Former Address: (2)
Date of Birth: * _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") 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, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, social networking (i.e. Facebook, Twitter), drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to you which may be in the files of any federal, state or local criminal justice agency in any state. Credit reports will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired, throughout your employment. An "investigative consumer report" includes information from personal interviews, except in California where that term means any consumer report. 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 and to request a copy of your 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 InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067, 800-800-3774 www.infomart-usa.com or another outside organization. The scope of this disclosure 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 directly above. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which Employer shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request.
Washington State applicants or employees only: Under the Washington Fair Credit Reporting Act, you have the right to ask InfoMart for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.
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. <input type="checkbox"/>

APPLICANT:

Signature: _____

Date: ____ / ____ / ____



Print Name: _____

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For Office Use Only:

Job Title: _____ Division: _____ Date: _____

APPLICANT'S DISCLOSURE & AUTHORIZATION FOR BACKGROUND SCREENING

Applicant Name: (First Middle Last)

Account Number: 101-120034

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this Acknowledgement and Authorization and, if I am hired, throughout my employment. I understand that, except in California, InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067 800.800.3774 www.infomart-usa.com, and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself may rely on this authorization to order additional consumer reports, including investigative consumer reports, from time to time during my employment, as deemed necessary for employment purposes and as allowed by law. I also authorize the following agencies and entities to disclose to InfoMart and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself, all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; insurance companies; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, drug testing results, and professional credentials and licenses. I agree that a facsimile ("fax") or photographic copy of this Acknowledgement and Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

California applicants or employees only: By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION AND CREDIT CHECKS PURSUANT TO CALIFORNIA LAW**. 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.

APPLICANT:

Signature: _____

Date: ____ / ____ / ____



Print Name: _____