



# ELECTRONIC THEATRE CONTROLS, INC.

## APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

PO Box 620979  
3031 Pleasant View Road  
Middleton, Wisconsin 53562  
Phone (608) 831-4116

Please type or print, and answer all questions.  
Applications are considered current for only 60 DAYS.

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER: DAY:

EVENING:

Are you 18 years or older? YES  NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES  NO

Have you ever been convicted of a misdemeanor or felony?\* YES  NO

If yes, provide further information as to the offense(s), date, location of court, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (Electronic Theatre Controls, Inc. will consider your record only as it may substantially relate to the job for which you are applying.)

\* If applying for a position in California, do not include convictions for which the record has been judicially sealed or statutorily eradicated, or misdemeanor convictions for which probation has been completed or discharged.

\* If applying for a position in New York, do not answer this question.

### EMPLOYMENT DESIRED

Position applied for:

Available start date:

Have you ever been employed by ETC? Yes  No  If so, when?

When are you available to work? *Check options or list hours.*

Full Time  Part Time  First Shift  Second Shift  Hours:

Are you able and willing to work overtime as necessary? Yes  No

**Your application will not be processed  
unless you have read and signed the Authorization, Release and Certification on page 4.**

## WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Are you employed now? Yes  No

If so, may we inquire of your present employer? Yes  No

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	Total Time Employed	Last Rate of Pay
	From (Month & Year)	To (Month & Year)
	Reason For Leaving:	

## EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				
OTHER				

List any academic honors, scholarships, special achievements, seminars, training or other pertinent education.

Are there any other experiences, skills or abilities that you feel especially qualify you for work with ETC? List office, shop, technical, manufacturing, computer or others that you feel are relevant.

If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license?

Yes  No

## REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

How Did you Hear About ETC? \_\_\_\_\_

## AUTHORIZATION, RELEASE AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that if offered a position with Electronic Theatre Controls, Inc., I will be required to submit to and successfully complete a pre-employment drug screen.

I understand this application will be considered inactive after sixty days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: \_\_\_\_\_

Applicant's Name (print or type) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_