

Fairfield County Chorale
61 Unquowa Road
Fairfield, CT 06824
203-254-1333
fairfieldcountychorale.org

Operations Manager Application Form

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Are you a current or past member of the Fairfield County Chorale? Yes _____ No _____

If not, are you affiliated with a current or past member of the Chorale? Yes _____ No _____

If yes, what is the name of the Chorale member? _____

How did you hear about this job opening? _____

Education

Post Secondary or other Institutions attended	Discipline or Program (Major)	Degree/Diploma /Certificate	Date obtained or expected

Professional and Personal References:
Please list three professional or personal references.

References:

Name	Address	Phone Number

Please tell us what experience and/or skills you have that you feel qualify you for this position:

Please attach your resumé to this application and any additional information you would like to include.

Are you a U.S. citizen? Yes _____ No _____

If no, are you an alien authorized to work in the United States and able to supply supporting documentation? Yes _____ No _____

Have you ever been convicted of a crime or misdemeanor? Yes _____ No _____
If yes, please describe below, include dates:

To All Applicants

All qualified applicants who are authorized to work in the United States will receive consideration for employment without regard to race, religion, sex, color, national origin, sexual orientation, veteran status, age, disability or any other basis prohibited by law. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are 40 or more years of age. Employees are subject to the provisions of the Workers' Compensation Act.

I hereby certify that I have read and that I fully understand the foregoing questions, that I have answered them to the best of my belief and knowledge, and that all my statements have been made truthfully and without evasion.

I hereby authorize Fairfield County Chorale, or any agent thereof, to investigate the validity of these statements.

Date: _____ Signature: _____