



# WAUKESHA CIVIC THEATRE



## Waukesha Civic Theatre Application

Please Print/Write Legibly

Name (Last) (First) (Middle)

Street Address

City State Zip+4

Home Phone Work Phone

Email Address

### Please provide the following Information for Demographics/Criminal Record Check

Age Birthdate Sex Ethnicity

Maiden Name/Additional Names

Social Security Number

Emergency Contact (Name) (Phone) (Relationship)

Currently Employed? Yes No Time Employed: Days Evenings Nights

Employer

Address City State Zip

Occupation Title

How Many Years Of Formal Education Have You Completed?

School Last Attended Course of Study

Signature of Applicant