LONG WHARF THEATRE

NEXT STAGE PROGRAM

FOR OFFICIAL USE
_____COMPLETE
_____
_____

RESIDENT APPLICATION

FULL NAME: _____
LAST FIRST M.I.

E MAIL: _____

CURRENT ADDRESS:

_____
STREET VALID UNTIL:

_____
APT./ P.O. BOX

_____
CITY STATE/PROVINCE ZIP/POSTAL CODE

_____
PHONE NO.

PERMANENT ADDRESS: *(If different than current)*

_____
STREET

_____
APT./P.O. BOX

_____
CITY STATE/PROVINCE ZIP/POSTAL CODE

_____
PHONE NO.

COLLEGE/UNIVERSITY: _____ **CITY/STATE**: _____

Degree: _____ Major: _____ Graduation Date: _____ / _____ / _____

RESIDENT POSITIONS: *(List by preferred choice)*

1ST CHOICE _____

2ND CHOICE _____

HOW DID YOU FIND OUT ABOUT THE RESIDENT PROGRAM? *(Be Specific)*

☐ Ad: _____ ☐ Website: _____

☐ School: _____ ☐ Other: _____

I CERTIFY THAT THE INFORMATION ON THIS FORM AND IN MY APPLICATION PACKET IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE OF APPLICATION: _____

It is the policy of Long Wharf Theatre to afford fair and equal employment to all persons regardless of race, color, sex, age, national origin, religion, disability, or sexual orientation.
All applicants must have a valid driver's license.

All materials submitted must arrive in **one** package and be postmarked by April 1, 2012. Candidates selected for consideration will be contacted for an interview. Interviews are required and can be completed in person or on the telephone. PLEASE DO NOT CALL ABOUT THE STATUS OF YOUR APPLICATION. All candidates will be contacted in a timely manner.