



INFO@UPRISECIRCUS.ORG

(512) 522-4973



A 501(C)(3) CHARITABLE ORGANIZATION

Application for Volunteering & Employment

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. *Please complete this application as thoroughly as possible.*

Preferred First and Last Name (print) _____

Preferred Pronouns _____

Date of Birth _____

Address (street number/name, city, state, zip) _____

Email address _____

Phone number _____

Are you over 18? Yes No If not, date you will be _____

If hired, do you have a reliable means of transportation to get to work? Yes No

Have you ever plead guilty or no-contest to or been convicted of a felony or misdemeanor, or for child abuse or sex-related crimes? Yes No

If yes, please explain:

*Every applicant receives a background check



What is your general availability?

Check all that apply

- Weekdays Weekends
- Daytime Evenings

Do you have experience...

Experience is not required

- with aerials? teaching aerials?
- with flying trapeze? teaching flying trapeze?
- teaching youth? none of these?

If yes to any above, please explain:

Are you ...

Check all that apply:

We use this data for grant applications, not required for participation with Uprise Circus

- a person of color?
- living in poverty?
- a member of the LGBTQ+ community?
- struggling with mental health?

- Yes No

Have you ever been vaccinated for Covid?

Anything else you think we should know?



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REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

Name	Email Address/Phone	Years known/Relationship

I certify that I have read and understand the application note of this form and that the answers given by me are true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this form or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information.

Signature

Printed Legal Name
and Date



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