



# ALOHA PERFORMING ARTS COMPANY

P.O. Box 794 Kealahou, HI 96750 Phone/Fax (808) 322-9924  
AlohaTheatre.com

## CONFIDENTIAL

Print Name:  
(First) (Middle) (Last)

Former Name(s) and Dates Used:

Former Name #1  
Dates Used

Former Name #2  
Dates Used

Former Name #1  
Dates Used

Former Name #2  
Dates Used

Current Address Since:  
(Mo/Yr)  
(Street)  
(City)  
(Zip/State)

Previous Address From:  
(Mo/Yr)  
(Street)  
(City)  
(Zip/State)

Previous Address From:  
(Mo/Yr)  
(Street)  
(City)  
(Zip/State)

Social Security Number:

DOB:

Drivers License Number/State:

List Three Personal Character References:



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AlohaTheatre.com

Reference #1

Name

Phone Number

Relationship with this person

Reference #2

Name

Phone Number

Relationship with this person

Reference #3

Name

Phone Number

Relationship with this person

The information contained in this application is correct to the best of my knowledge. I hereby authorize Aloha Performing Arts Company and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the report generated may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Aloha Performing Arts Company or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Aloha Performing Arts Company and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_