



# University of Dubuque Heritage Center Theater Technician Application

NAME: \_\_\_\_\_

First

Middle Initial

Last

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Freshman

Sophomore

Junior

Senior

Major: \_\_\_\_\_

Technical Theater Experience	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No

Please indicate below with an **X** when you are typically **NOT** available

TIME	Sun	Mon	Tues	Wed	Thur	Fri	Sat
7am-8am							
8am-9am							
9am-10am							
10am-11am							
11am-Noon							
Noon-1pm							
1pm-2pm							
2pm-3pm							
3pm-4pm							
4pm-5pm							
5pm-6pm							
6pm-7pm							
7pm-8pm							
8pm-9pm							
9pm-10pm							
10pm-11pm							
11pm-Mid							

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed application to Heritage Center Box Office**

You will be contacted once all applications have been  
received to discuss status of employment