

Steppenwolf Theatre Company  
Professional Leadership Programs  
***The Apprenticeship (2009 – 2010)***  
**APPLICATION**

Complete this application and send it to Steppenwolf Theatre Company together with all other application materials. A different application is required for candidates applying for The Summer Internship or The African American Fellowship. Those applications can be found at [www.steppenwolf.org/work](http://www.steppenwolf.org/work).

***A completed application includes the following items:***

- A completed Application Form
- A Resume or Curriculum Vitae documenting your administrative and artistic experiences
- Two letters of Recommendation (must be submitted on original letterhead)
- Personal Statement
- Work Samples (Costume Shop, Sound, Stage Management and Properties positions ONLY)  
*(Work samples will not be returned to the applicant. Photocopies digital images are recommended)*

**OTHER IMPORTANT APPLICATION INFORMATION**

All applications will go through a preliminary screening process to determine the final candidates. **Final candidates will be asked to interview in April of 2009.** Candidates who do not live locally are encouraged to visit both Chicago and Steppenwolf when interviewing. Phone interviews are available.

All pages submitted should be single-sided and not bound or stapled.

The Application must be postmarked by **March 15, 2009.**

The Apprenticeship runs from **August 31, 2009 to May 28, 2010.** Exact start and end dates are flexible.

We will contact you via mail within two weeks of receiving your application. We will not respond to unsolicited calls and e-mails.

***Submit the Application to:***  
The Apprenticeship  
Steppenwolf Theatre Company  
758 West North Avenue, 4<sup>th</sup> Floor  
Chicago, Illinois 60610

***Questions? Contact:***  
Professional Leadership Coordinator  
Phone: 312.654.5699  
Email: [leadership@steppenwolf.org](mailto:leadership@steppenwolf.org)

**steppenwolf**

#### APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INIT.		
	/ /	MALE	FEMALE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	GENDER (CIRCLE ONE)		

#### PERMANENT ADDRESS

NUMBER AND STREET			APT #
CITY	STATE	ZIP	
HOME PHONE (AREA CODE AND #)	ALT. PHONE (AREA CODE, AND #, AND EXT.)		
E-MAIL ADDRESS			

#### CURRENT CONTACT INFORMATION (IF DIFFERENT FROM YOUR PERMANENT ADDRESS)

NUMBER AND STREET			APT #
CITY	STATE	ZIP	
HOME PHONE (AREA CODE AND #)	ALT. PHONE (AREA CODE, AND #, AND EXT.)		
E-MAIL ADDRESS			

/ /
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CURRENT CONTACT INFORMATION IS EFFECTIVE UNTIL

#### COLLEGE/UNIVERSITY INFORMATION

ALL APPRENTICES MUST BE WORKING TOWARDS OR RECEIVED A BACCALAUREATE, OR HAVE DEMONSTRATED AN EQUIVALENT OF PROFESSIONAL EXPERIENCE. IF YOU HAVE NOT ATTENDED A COLLEGE OR UNIVERSITY, PLEASE SKIP THIS SECTION AND ATTACH YOUR MOST CURRENT PROFESSIONAL RESUME.

NAME OF COLLEGE / UNIVERSITY		DATES ATTENDED
DEGREE PROGRAM (BA, BFA, MA, PHD)	TITLE OF MAJOR	GRADUATION DATE

THE APPRENTICESHIP PROGRAM IS A 9-MONTH PROFESSIONAL TRAINING PROGRAM FOR ARTS ADMINISTRATORS AND THEATRE PRODUCTION PROFESSIONALS. **EACH APPRENTICE IS HIRED INTO ONE OF THE ADMINISTRATIVE OR PRODUCTION DEPARTMENTS, AND WILL WORK IN THAT DEPARTMENT FOR THE DURATION OF THE PROGRAM.** PLEASE INDICATE WHICH DEPARTMENT(S) IS (ARE) YOUR FIRST AND SECOND CHOICES BY CHECKING THE BOXES TO THE LEFT OF THE POSITION TITLE. FOR MORE INFORMATION ON THESE DEPARTMENTS AND POSITION DESCRIPTIONS, PLEASE VISIT [WWW.STEPPENWOLF.ORG/WORK](http://WWW.STEPPENWOLF.ORG/WORK).

**FIRST CHOICE (PLEASE MARK ONLY ONE)**

<input type="checkbox"/>	CASTING	<input type="checkbox"/>	THEATRE MANAGEMENT	<input type="checkbox"/>	COSTUME SHOP
<input type="checkbox"/>	LITERARY	<input type="checkbox"/>	STAGE MANAGEMENT	<input type="checkbox"/>	SCENIC CARPENTRY
<input type="checkbox"/>	ARTISTIC	<input type="checkbox"/>	PUBLICITY	<input type="checkbox"/>	ELECTRICS
<input type="checkbox"/>	STEPPENWOLF FOR YOUNG ADULTS	<input type="checkbox"/>	DEVELOPMENT/ FUNDRAISING	<input type="checkbox"/>	PROPERTIES
<input type="checkbox"/>	MARKETING	<input type="checkbox"/>	PRODUCTION MANAGEMENT	<input type="checkbox"/>	WARDROBE
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SOUND

**SECOND CHOICE (PLEASE MARK ONLY ONE)**

<input type="checkbox"/>	CASTING	<input type="checkbox"/>	THEATRE MANAGEMENT	<input type="checkbox"/>	COSTUME SHOP
<input type="checkbox"/>	LITERARY	<input type="checkbox"/>	STAGE MANAGEMENT	<input type="checkbox"/>	SCENIC CARPENTRY
<input type="checkbox"/>	ARTISTIC	<input type="checkbox"/>	PUBLICITY	<input type="checkbox"/>	ELECTRICS
<input type="checkbox"/>	STEPPENWOLF FOR YOUNG ADULTS	<input type="checkbox"/>	DEVELOPMENT/ FUNDRAISING	<input type="checkbox"/>	PROPERTIES
<input type="checkbox"/>	MARKETING	<input type="checkbox"/>	PRODUCTION MANAGEMENT	<input type="checkbox"/>	WARDROBE
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	SOUND

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**PERSONAL STATEMENT**

PLEASE ATTACH A SHORT PERSONAL STATEMENT ABOUT YOURSELF DESCRIBING THE EXPERIENCES AND INFLUENCES THAT HAVE CONTRIBUTED TO YOUR PERSONAL GROWTH. IN ADDITION, PLEASE ADDRESS THE FOLLOWING TOPICS:

- YOUR LONG-TERM PROFESSIONAL GOALS
- HOW THE APPRENTICESHIP AT STEPPENWOLF WILL HELP YOU ACHIEVE THOSE GOALS
- HOW YOU FEEL ABOUT WORKING AND LIVING IN CHICAGO
- ANY UNIQUE CONTRIBUTION YOU WILL BRING TO STEPPENWOLF THEATRE COMPANY

# steppenwolf

## The Apprenticeship

2009-2010

### APPLICATION FORM

THE FOLLOWING INFORMATION IS REQUESTED SO THAT STEPPENWOLF THEATRE COMPANY CAN DEMONSTRATE ITS COMPLIANCE WITH FEDERAL AND INTERNAL HIRING STANDARDS. YOUR RESPONSE IS VOLUNTARY AND WILL IN NO WAY AFFECT YOUR APPLICATION.

<b>HOW DID YOU HEAR ABOUT THIS PROGRAM?</b>	
<b>IS ENGLISH YOUR PRIMARY LANGUAGE?</b> YES                      NO	<b>IF "NO" WHAT IS YOUR PRIMARY LANGUAGE?</b>
<b>WAS ENGLISH THE PRIMARY LANGUAGE SPOKEN IN YOUR CHILDHOOD HOME? (CIRCLE ONE)</b> YES                      NO	<b>IF "NO" WHAT WAS THE PRIMARY LANGUAGE?</b>
<b>DO YOU CLASSIFY YOUR CHILDHOOD HOUSEHOLD AS UPPER, MIDDLE OR LOWER CLASS? (CIRCLE ONE)</b> UPPER-CLASS              MIDDLE-CLASS              LOWER-CLASS	

**PLEASE CHECK OR FILL IN THE BOX THAT BEST APPLIES TO YOU:**

<input type="checkbox"/>	AMERICAN INDIAN	<input type="checkbox"/>	ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/>	BLACK, NON HISPANIC
<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>	WHITE, NON HISPANIC	<input type="checkbox"/>	UNDECLARED
<input type="checkbox"/>	OTHER: _____				

THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS NOT VALID IF INFORMATION IS WITHHELD OR MISREPRESENTED. I FURTHER REALIZE THAT IF I AM HIRED, STEPPENWOLF THEATRE COMPANY RESERVES THE RIGHT TO CANCEL MY EMPLOYMENT IF ANY PART OF MY APPLICATION IS DISCOVERED TO BE FRAUDULENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

STEPPENWOLF THEATRE COMPANY IS COMMITTED TO A POLICY OF NON-DISCRIMINATION. STEPPENWOLF THEATRE COMPANY DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, AGE, GENDER, SEXUAL HARASSMENT, SEXUAL ORIENTAION, SEXUAL IDENTITY, MARITAL STATUS, UNFAVORABLE DISCHARGE FROM THE MILITARY, HANDICAP, OR DISABIITY IN ITS HIRING PRACTICES, PROGRAMS, AND ACTIVITIES.



The Apprenticeship  
2009-2010  
RECOMMENDATION FORM

APPLICANT NAME

RECOMMENDER'S NAME

RECOMMENDER'S PHONE

BRIEFLY DESCRIBE THE RECOMMENDER'S RELATIONSHIP TO YOU

  
  

**WAIVER OF ACCESS**

I HEREBY WAIVE MY RIGHT OF ACCESS (GRANTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974) TO THIS CONFIDENTIAL RECOMMENDATION, PROVIDED THAT IT IS USED SOLELY WITH RESPECT TO MY APPLICATION FOR STEPPENWOLF THEATRE COMPANY'S PROFESSIONAL LEADERSHIP PROGRAMS.

APPLICANT SIGNATURE

DATE

**TO THE RECCOMENDER**

THANK YOU FOR AGREEING TO WRITE A LETTER OF RECOMMENDATION FOR THE PERSON NAMED ABOVE. YOUR RECOMMENDATION WILL ASSIST US IN HIRING THE APPROPRIATE CANDIDATE FOR STEPPENWOLF'S PROFESSIONAL LEADERSHIP PROGRAMS.

PLEASE WRITE A LETTER OF TWO OR THREE PARAGRAPHS USING YOUR OWN LETTERHEAD AND ADDRESS IT, "DEAR SELECTION COMMITTEE." SIGN AND RETURN IT TO THE APPLICANT WITH THIS SIGNED RECOMMENDATION FORM.

IT IS NOT NECESSARY TO LIST ALL THE STUDENT'S EXTRACURRICULAR ACTIVITIES, OR TO SUMMARIZE HIS OR HER RESUME. YOUR QUALITATIVE DESCRIPTION OF THE STUDENT IS THE MOST VALUABLE INFORMATION YOU CAN GIVE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OUR PROFESSIONAL LEADERSHIP & DIVERSITY COORDINATOR AT 312.654.5699 OR LEADERSHIP@STEPENWOLF.ORG.

WE THANK YOU FOR ASSISTING THIS APPLICANT IN THE APPLICATION PROCESS.

RECOMMENDER'S SIGNATURE

DATE



The Apprenticeship  
2009-2010  
RECOMMENDATION FORM

APPLICANT NAME

RECOMMENDER'S NAME

RECOMMENDER'S PHONE

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