

Date

EMPLOYMENT APPLICATION

(Print Requested Information)

TO THE APPLICANT: We appreciate your interest in our movie theater. The information requested in this form will give us a clear understanding of your qualifications, background, and work history; and will aid us in placing you in a position for which you are thereby best suited.

The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, sex, religion, or national origin. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination of age. The Americans with Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities. Various state laws prohibit some of the above as well as other types of discrimination. This Employer is an Equal Opportunity Employer, and intends to comply fully with all application employment laws.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security No.
Street Address			Home Phone No
City	State	Zip Code	Alternate Phone No.

E-Mail:

POSITION INFORMATION

Position Applying For:
Earnings Expected \$ _____ per _____
Date you can begin if offered employment:

EDUCATION INFORMATION

Type of School	Name and Address of School	Courses Majored in	Graduate? Degrees Receive
Elementary			Yes[] No []
High School			Yes[] No []
College			Yes[] No []
Business or Trade School			Yes[] No []
Correspondence or Night School			Yes[] No []

List any professional license or registration you hold _____

MILITARY HISTORY

Military Branch (check the applicable box) [] Air Force [] Army [] Coast Guard [] Marines [] Nat'l Guard [] Navy [] Other				
Date Entered Active Service:		Date Left Active Service		Rank When Leaving
Mo.	Year	Mo.	Year	

EMPLOYMENT HISTORY

PRESENT or MOST RECENT EMPLOYER

Name of Company	Type of Business		
Address (Street)	(City)	(State)	
Employment Dates (Month and Year) From: _____ To: _____	Supervisor's Name	Title	Phone No.
Starting Salary Per Hour	Present or Final Salary Per Hour	Position Title	
May we contact this employer? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Brief Description of Job		
Reason for Leaving			

PREVIOUS EMPLOYER

Name of Company	Type of Business		
Address (Street)	(City)	(State)	
Employment Dates (Month and Year) From: _____ To: _____	Supervisor's Name	Title	Phone No.
Starting Salary Per Hour	Present or Final Salary Per Hour	Position Title	
May we contact this employer? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	Brief Description of Job		
Reason for Leaving			

OTHER PREVIOUS EMPLOYMENT

Employer	Job	Dates		Final Salary Hourly, Month, etc.	Supervisor
		From	To		

ADDITIONAL INFORMATION

Have you ever been convicted of a crime? Yes [] No []

If yes, when, where and disposition of the conviction: _____

Criminal convictions are not an absolute bar to employment and will only be considered in relation to specific job requirements.

References (Not former employers or relatives)	Occupation	Address	Phone No.	No. of years known