

APPLICANT INFORMATION										
Last Name		First				M.I.	D.0	О.В.		
Street Address							Ap	artment/	Unit	
City			State				ZIF	P		
Phone			E-mail	Address						
Date Available		Socia	al Securit	y No.			Desired Salary			
Position Appling for: Ticket & Conces	sion Oscar's Lo	ounge \square Pr	ojection	☐ Shift Manag	ger 🗌	Any	- Carary			
Days Available to Work: Mondays	☐ Tuesdays ☐ V	Wednesdays	☐ Thu	rsdays 🗌 Frid	ays 🗌	Saturdays	s 🗆 :	Sundays		
Can you work weekends & holidays?		YES	NO 🗌		If no, ple	ase explair	n			
Are you a citizen of the United States?		YES	NO 🗆		If no, are in the U.S	you autho	orized to	work	YES	NO
Have you ever worked for this company?		YES	NO If so, when?							
Have you ever been convicted of a felony	?	YES	NO 🗆		If yes, explain					
EDUCATION			_							
High School			Address	S						
From	То	Did you grad	uate?	YES NO		Degree				
College			Address	s						
From	То	Did you grad	uate?	YES NO	С	Degree				
Other			Address	S						
From	То	Did you grad	uate?	YES NO	С	Degree				
REFERENCES										
Please list three professional references.										
Full Name					Relation	nship				
Company					Phone	()			
Address										
Full Name					Relation	nship				
Company					Phone	()			
Address										
Full Name					Relation	nship				
Company					Phone	()			
Address					<u> </u>					



PREVIOUS EMPLOYMENT								
Company	Phone	none ()						
Address		Supervisor						
Job Title			Starting Salary	\$		Ending Salary	\$	
Responsibilities						,		
From	То	Reason for Leaving						
May we contact your previous supervisor	for a reference?		YES	NO 🗌				
Company				Phone	()		
Address				Supervisor				
Job Title	b Title			\$		Ending Salary	\$	
Responsibilities						•		
From	То	Reason for Leaving						
May we contact your previous supervisor	YES 🗌	NO 🗆						
Company				Phone	()		
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$	
Responsibilities								
From	То	Reason for Leaving						
May we contact your previous supervisor for a reference?			YES 🗌	NO 🗆				
MILITARY SERVICE								
Branch					Fron	n To		
Rank at Discharge			Type of Discharge					
If other than honorable, explain								
DISCLAIMER AND SIGNATURE								
I certify that my answers are true and complete to the best of my knowledge.								

If this application leads to employment, I understand that false or misleading information in my application or interview

Date

may result in my release.

Signature



I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning any credit-worthiness and personal background and I hereby release each such employer or other person(s) from, or corporation from any and all liability by reasons of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information obtained through personal interview with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such reports and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested and request such disclosure within a reasonable period of time.

Date

I understand that if employed any misrepresentation or omission of facts requested is cause for dismissal.

Applicants Signature

HIRED: YES

NO

POSITION

EMPLOY	MENT AT WILL AGRI	EEMENT								
1.	I understand that	if hired, I	will be an	emplo	yee at will a	and that bot	h I and this	Company wi	II have	the right to
	terminate my em	ployment	at any tim	ne, with	or withou	advance no	otice and wit	th or withou	t cause	. This is called
	"employment at v	will" and n	o one oth	er than	this comp	any's presid	ent has the	authority to	alter th	nis agreement
	contrary to this po	olicy.								
2.	I understand that	this Emplo	oyment A	pplicati	on Agreem	ent cannot	be changed	except by a	written	document
	signed by me and this Company's president.									
3.	I have been given	an opport	unity to a	sk que	stions abou	t the compa	any rules and	d my potent	ial emp	loyment-at-
	will. The represen	ntative of	this Comp	any ha	s not made	any promis	es or other s	statements t	o me w	hich imply
	that I will be emp	loyed und	er any oth	ner tern	ns than sta	ed above.				
4.	I understand that	if hired, th	nis Emplo	yment a	at Will Agre	ement will	constitute th	ne entire agr	eemen	t between me
	and this Company	with resp	ect to the	terms	and condit	ions under v	which my en	nployment v	vill be t	erminated, wil
	be binding to me,	and will s	upersede	all othe	er agreeme	nts betweei	n this Compa	any and me i	regardiı	ng my
	employment.		•		J		·	•	Ū	,
5.	I understand that	if hired, I	will begin	n a 90-c	day probati	onary perio	d with the (Company.		
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Applica	nt Signature						Date			
	Theatres is an equal opp							ployment on a b	pasis inclu	uding race, creed,
color, ag	e, sex, religion, nationa	i origiri, disal	onity, or arry	otrier cia	isses protecte	I by state or io	Cai iaw.			
			DO N	OT W	RITE BELO	W THIS L	INE			
INTER	RVIEWED BY:							DATE:		