



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B.
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Can you work weekends & holidays?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MITCHELL THEATRES

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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE	
Branch	From 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 may result in my release.	
Signature	Date



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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.

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

Applicants Signature _____ Date _____

EMPLOYMENT AT WILL AGREEMENT

- 1. I understand that if hired, I will be an employee at will and that both I and this Company will have the right to terminate my employment at any time, with or without advance notice and with or without cause. This is called "employment at will" and no one other than this company's president has the authority to alter this agreement contrary to this policy.
2. I understand that this Employment Application Agreement cannot be changed except by a written document signed by me and this Company's president.
3. I have been given an opportunity to ask questions about the company rules and my potential employment-at-will. The representative of this Company has not made any promises or other statements to me which imply that I will be employed under any other terms than stated above.
4. I understand that if hired, this Employment at Will Agreement will constitute the entire agreement between me and this Company with respect to the terms and conditions under which my employment will be terminated, will be binding to me, and will supersede all other agreements between this Company and me regarding my employment.
5. I understand that if hired, I will begin a 90-day probationary period with the Company.

Applicant Signature _____ Date _____

Mitchell Theatres is an equal opportunity company. We are dedicated to a policy of non-discrimination in employment on a basis including race, creed, color, age, sex, religion, national origin, disability, or any other classes protected by state or local law.

DO NOT WRITE BELOW THIS LINE
INTERVIEWED BY: _____ DATE: _____
HIRED: YES _____ NO _____ POSITION _____