

EMPLOYMENT APPLICATION



NOTICE: This information will be used to determine a person's qualifications and abilities without regard to race, color, age, religion, national origin, disability, or other characteristic protected by law. Any item on this form, which you feel tends to be discriminatory, need not be completed. This application will remain active for 30 days.

PERSONAL INFORMATION

Name: _____
First
Middle
Last

Address: _____
Number & Street
City
State
Zip

Cell Phone: _____ Email: _____

- ◆ Are you age 16 or older? Yes No Are you eligible to work in the United States? Yes No
- ◆ Within the last 10 years, have you forfeited bond pleaded guilty or no contest to, been convicted of, or served time for any criminal offense? This does not include motor vehicle violations. Yes No
- ◆ If so, provide the date, the offense, and the place where such forfeiture plea conviction occurred. _____
- ◆ Have you ever applied with this company before? Yes No When? _____ Where? _____
- ◆ Have you ever worked for this company before? Yes No When? _____ Where? _____
- ◆ Are you employed now? Yes No If so, may we contact your present employer? _____
- ◆ Position Desired: _____ Salary Desired: _____
- ◆ Are you able to perform the essential functions of the job for which you are applying? Yes No
- ◆ If "No", describe the functions that cannot be performed: _____

NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and to skills and agility tests.

- ◆ Date you can start work:
- ◆ Are you available to work weekends? Yes No If "No," please explain: _____
- ◆ Are you available to work Holidays? Yes No If "No," please explain: _____

Note: Weekends & Holidays are a requirement.

Check the days you are available for work and list the times of your availability:
 Approximate hours of operation: 9:00 a.m. to 1:00 a.m.

<input type="checkbox"/>	MON	_____	<input type="checkbox"/>	FRI	_____
<input type="checkbox"/>	TUE	_____	<input type="checkbox"/>	SAT	_____
<input type="checkbox"/>	WED	_____	<input type="checkbox"/>	SUN	_____
<input type="checkbox"/>	THUR	_____			

EDUCATION

	Name of School & Address	Course of Study	Did you Graduate? Degree?	Total Years
High School				
College, Business, or Trade School				
Other				

- ◆ Please describe any other special courses, seminars, training sessions, or professional accomplishments which have been part of your overall education: _____

- ◆ What languages, other than English are you able to read, speak, or write? Please indicate your ability by (R) Read / (S) Speak / (W) Write.

EMPLOYMENT RECORD

List each company for whom you have worked. Start with your most recent or present job and work backward.

If additional space is needed, attach a supplementary sheet.

NOTE: THIS SECTION MUST BE COMPLETED. A RESUME IS NOT A SATISFACTORY SUBSTITUTE.

#1) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates Of Employment (Month / Year)	Reason For Leaving
From: _____ To: _____	
Rate Of Pay: \$ _____ Per _____	Name of Supervisor: _____
#2) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates Of Employment (Month / Year)	Reason For Leaving
From: _____ To: _____	
Rate Of Pay: \$ _____ Per _____	Name of Supervisor: _____
#3) Name / Complete Address & Phone Number of Employer	Exact Title of Your Job and Duties Performed
Dates Of Employment (Month / Year)	Reason For Leaving
From: _____ To: _____	
Rate Of Pay: \$ _____ Per _____	Name of Supervisor: _____

REFERENCES

Give the names and addresses of persons, other than relatives and supervisors already listed, who have knowledge of your experience and ability.

Name: _____ Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

PLEASE READ CAREFULLY

Initials: _____	In submitting this application for my employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit records, and/or criminal history. I authorize anyone processing this information to furnish Stone Theatres with the information, and I release anyone providing such information from any and all liability and damages whatsoever in furnishing, obtaining, or using said information.
Initials: _____	I understand that any offer of employment is subject to and contingent upon successfully passing to the Company's satisfaction, it's pre-employment drug test, security investigation, and any other qualifying test it may require.
Initials: _____	I have given true and complete information on this application to the best of my knowledge with the understanding that such information will be relied upon in considering my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in the immediate termination of my employment. I further agree that the Company shall have the right, if and when my employment is terminated, to furnish others with information regarding my work record.
Initials: _____	I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company.

Applicant's Signature _____ Date: _____