



M O R E T H A N M O V I E S TM

EMPLOYMENT APPLICATION

The Company is an equal opportunity employer which seeks and employs qualified persons in all job classifications. All personnel actions are administered without discrimination based upon race, color, religion, sex, marital status, age, national origin, disability or veteran status.

IMPORTANT: PLEASE READ BEFORE COMPLETING APPLICATION

It is important that you supply all of the information requested, as incomplete applications will not be considered.

APPLICANT INFORMATION

LOCATION APPLIED TO:

Last Name		First		M.I.	Social Security Number:	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date of Application:	Date Available			Desired Pay		
Position Applied for						
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"/>
Are you 21 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a FELONY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School		Address			City:	State:
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address			City:	State:
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other (military, on-the-job, etc.)		Address			City:	State:
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

What is your favorite movie?

AVAILABILITY

Hours Available		Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Total Hours Available Per Week:	From							
	To							

PREVIOUS EMPLOYMENT

Please list all jobs beginning with the most recent. Account for all periods of employment and military service. Explain any lapse of time over three weeks between employment in the comments section below. Failure to provide complete information will result in disqualification of your application. Use a supplemental sheet, if necessary. May attach resume as supplemental information but not in lieu of completing information below.

Company		Phone ()	
Address		City	State
Supervisor			
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		City	State
Supervisor			
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone ()	
Address		City	State
Supervisor			
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

COMMENTS: (including additional working experience, explanation of any gaps in employment, special employment training, etc.)

State whether you have ever been terminated or suspended from any previous employment and describe the circumstances:

PROFESSIONAL/EDUCATIONAL REFERENCES

Give the names, addresses and phone numbers of three professional/educational persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone/Area Code
	Street: City: State:		
	Street: City: State:		
	Street: City: State:		

DISCLAIMER AND SIGNATURE

I authorize this employer or its duly authorized representative to verify all statements contained in this application, to conduct any background investigations deemed necessary, and I release from all liability whatsoever all persons, companies and corporations supplying such information. I expressly agree to indemnify the Company against any liability which might result from making such investigation. I understand that any false answers, statements or implications made by me in this application shall be considered sufficient cause for denial of employment or discharge. Additionally, I understand that nothing contained in this employment application or in the granting of any interview is intended to create an employment contract between the Company and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless in writing and signed by the Chief Executive Officer of Cosmic Cinemas, LLC. If an employment relationship is established, I shall confirm to Company policies and procedures. I understand that I have the right to terminate my employment at any time for any reason, and that the Company retains a similar right. My signature below is an acknowledgement that I have fully read and understand all expressed conditions and terms in this application.

Signature	Date
GM Signature	Date