

CINEMA 1 PLUS....
 1900 Phoenix Center Dr.
 Washington, MO 63090
 636-239-5056 Ext. 3
 info@cinema1plus.com



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Today's Date: _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIPCODE _____

CELL _____ HOME _____ EMAIL _____

SOCIAL SECURITY NUMBER (Voluntary) _____

Have you ever filed an application with us before? (If Yes, Please give Approx. Date) _____

Best time to contact you _____

	YES	NO
If you are under 16 years of age, can you provide required proof of your eligibility to work?		
Are you currently Employed?		
May We contact your present employer?		
Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? (Proof of Citizenship or Immigration Status will be required upon employment)		
Do any of your Friends or Relatives currently work here?		

Date Available to begin working _____ What is your desired salary Range \$ _____ (per hour)

How many hours per week would you prefer? _____

Please indicate days and hours you are available to work:

Day	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Day Available							
Hours Available							

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	DEGREE RECEIVED	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXTRACURRICULAR ACTIVITIES: _____

EMPLOYMENT EXPERIENCE

If you need additional space, please continue on a separate sheet of paper

EMPLOYER: _____	SUPERVISOR'S NAME _____		
May we Contact Them: Yes	No:		
DATES EMPLOYED START: _____	END: _____	START PAY: _____	ENDING PAY: _____
WORK PREFORMED:			
REASON FOR LEAVING:			

EMPLOYER: _____	SUPERVISOR'S NAME _____		
May we Contact Them: Yes	No:		
DATES EMPLOYED START: _____	END: _____	START PAY: _____	ENDING PAY: _____
WORK PREFORMED:			
REASON FOR LEAVING:			

REFERENCES:

1. NAME:	PHONE NUMBER:
2. NAME:	PHONE NUMBER:
3. NAME:	PHONE NUMBER:

I Certify that answers given here are true and complete. I authorize investigation of all statements contained in this applications as may be necessary in arriving at an employment decision.

This application shall be considered active for a period of time not to exceed 60 Days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being considered at this time.

I Understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or buy conduct unless such changes is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations for the employer

SIGNATURE OF APPLICANT: _____ DATE: _____