

CAPITOL 6 THEATRES

Employment Application

(Please Print or Type)

Applicants Name (Last) (First) (M.I.)

Position (s) Applied For Date of Application

Address (Number) & Street City/Town Province Postal Code

Previous Address (Number) & Street City/Town Province Postal Code

Email Address: Cell Phone Home Phone

Personal Information:

Salary desired: Position Desired: Full-time Part-Time Temporary Date available to begin working _____

What days of the week and hours can you work?

Day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From:							
To:							

Please note any other details pertaining to available schedule:

How did you hear about the position:

Does a family member or friend currently work at Capitol 6 Theatres? If so, please list their name:

Have you ever applied to or worked for us before? Yes No

If yes, when:

Employment Eligibility/Work Authorization: (Verification will be required upon hire)

Are you legal age to work? Yes No

Are you legally entitled to work in Canada? Yes No

Employment Application (Continued)

Education and Training

School Name & Address	Diploma, Certification, Degree, Licenses	# Yrs Attended	Did you Graduate?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide any other significant information or job related experience

Employment History: Begin with current or most recent employer including all periods of unemployment or temporary employment for the last five years. Please use second sheet if you need more space.

1. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities: _____

Reason for Leaving: _____

2. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving _____

3. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisors' Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving: _____

Employment Application (Continued)

References: Please list three business references, not related to you and have known for at least one year.

Name/ Address/Email

Occupation

Yrs Known

Phone Number

Acknowledgement and Understanding: Please read carefully, initial each paragraph and sign below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely effect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the company any and all reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, 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, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature & Print Name

Date