

ELKINS CINEMA 8

EMPLOYMENT APPLICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS	PHONE NUMBER
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CITY	ZIP CODE	SS NUMBER
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PREVIOUS EMPLOYMENT

MUST BE 16 YEARS OR OLDER

	NAME & LOCATION	POSITION	SALARY / REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

EDUCATIONAL HISTORY

YEAR GRADUATED OR
EXPECTED TO GRADUATE

HIGH SCHOOL	
COLLEGE	

WORK REQUEST

CHECK APPROPRIATE BOXES

MANAGEMENT	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
ASSISTANT MANAGER	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
CONCESSION/TICKET SALES	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>
CUSTODIAN	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>

PERSONAL REFERENCES

	NAME & ADDRESS	PHONE NUMBER
1		
2		
3		

COMMENTS

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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINED PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

DATE	SIGNATURE
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