

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name _____

Street Address _____ Date of Birth ____ / ____ / ____

Apt/Unit ____ City _____ State ____ Zip _____ Are you a US citizen? YES NO

Phone (____) ____ - ____ Email Address _____

Desired Hourly Wage \$ _____ Position Desired _____ Date You Can Begin Work ____ / ____ / ____

Have you ever been convicted of a felony? YES NO If YES, please explain: _____

Have you ever applied to work at Galleria 6 before? YES NO

Were you referred to Galleria 6 by a current employee? YES NO If YES, who? _____

AVAILABILITY

In the boxes provided below please indicate when you CAN work each day of the week.

	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
<i>I can arrive for work at:</i>							
<i>I must leave work at:</i>							
Are you seeking FULL TIME or PART TIME employment? _____	How Many Hours Each Week Would You Like to Work? _____						

Applicants **MUST be able to work at least two weekend days (Friday-Sunday) to be considered for a position with Galleria 6 Cinemas. As a 365 day a year business, some holiday availability is also expected**

EMPLOYMENT

Employer _____ Hourly Pay Rate \$ _____ Position _____

Employer Address _____ City _____ State ____ Zip _____

Employer Phone Number (____) ____ - ____ Supervisor Name _____ May we contact? YES NO

Employed from (month/year) ____ / ____ to ____ / ____ Reason for Leaving _____

Employer _____ Hourly Pay Rate \$ _____ Position _____

Employer Address _____ City _____ State ____ Zip _____

Employer Phone Number (____) ____ - ____ Supervisor Name _____ May we contact? YES NO

Employed from (month/year) ____ / ____ to ____ / ____ Reason for Leaving _____

EDUCATION

Name of School:	City, State & Phone Number	Date Attended	Graduated?	Degree/Major
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

MOVIES... WHAT DO YOU LIKE?

Please list the last three films you have seen and let us know what you thought about them...

Name of film:	What did you think about this film?

- I certify that all answers given herein are true and complete to the best of my knowledge.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____

Date _____