

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.

Print clearly using black or blue ink.

Date of Application _____

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

Mailing Address (Number) & Street _____ City _____ State _____

Permanent Address (If Different) _____ City _____ State _____

Cell Phone _____ Home Phone _____ E-mail _____

	YES	NO
Have you ever filed an application with us before? (If yes, please give approx. date)		
If you are under 16 years of age, can you provide required proof of your eligibility to work?		
Are you currently employed?		
Are you legally eligible to work in the US?		
Are you referred to apply by someone currently working at Cinema 1 Plus? If so, please list their name.		

Date available to begin working _____ Salary desired \$ _____ (per hour)

How many hours per week is ideal for you? _____ Position desired Full-Time _____ Part-Time _____

Please indicate days and hours you are available to work, leave blank if not available								
	Example	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Shift Start	4:00pm							
Shift End	Midnight							

Education and Training:

School Name	Diploma, Degree Certificate or License	Number of Years Attended	Did you Graduate?	
			YES _____	NO _____
			YES _____	NO _____
			YES _____	NO _____

Extracurricular Activities: _____

Please provide any other significant information or job-related experience _____

Employment Experience

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

1. Employer _____ Supervisor _____

May we contact employer Yes _____ No _____

Dates Employed Start _____ End _____ Start Pay _____ Ending Pay _____

Work Performed _____

Reason for leaving _____

2. Employer _____ Supervisor _____

May we contact employer Yes _____ No _____

Dates Employed Start _____ End _____ Start Pay _____ Ending Pay _____

Work Performed _____

Reason for leaving _____

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

Name	Occupation	YRS Known	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I Certify that answers given here are true and complete. I authorize investigation of all statements contained in these applications as may be necessary in arriving at an employment decision. This application shall be considered active for a period not to exceed 60 Days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether 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 by conduct unless such changes are 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.

Print Name: _____

Applicant's Signature: _____ Date: _____