



cinemas

EMPLOYMENT APPLICATION

Name _____
Address _____

Phone Number _____
Email _____
Today's Date _____

*We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis, including race, color, age, sex, religion, disability, or national origin. **You must be 18 years or older to apply.***

EMPLOYMENT DESIRED

Type of employment:

☐ Part-time ☐ Summer
☐ Full-time ☐ Temporary

Position _____

Date you can start _____

Salary desired _____

EDUCATION

College _____

High School _____

Location _____

Location _____

Years completed 1 2 3 4+

Years completed 1 2 3 4+

Did you graduate? ☐ Yes ☐ No

Did you graduate? ☐ Yes ☐ No

Major _____

Degree Attained _____

Other Education _____

EMPLOYMENT HISTORY

Are you currently employed?

☐ Yes☐ No

If so, may we contact your current employer?

☐ Yes☐ No

1

| | | | |
|---------------------|-------------|---------------|-----------------|
| EMPLOYER | | EMPLOYED FROM | TO |
| SUPERVISOR NAME | ADDRESS | | PHONE NUMBER |
| SUPERVISOR POSITION | CITY | STATE | ZIP CODE |
| YOUR POSITION | YOUR DUTIES | | STARTING SALARY |
| REASON FOR LEAVING | | | ENDING SALARY |

2

| | | | |
|---------------------|-------------|---------------|-----------------|
| EMPLOYER | | EMPLOYED FROM | TO |
| SUPERVISOR NAME | ADDRESS | | PHONE NUMBER |
| SUPERVISOR POSITION | CITY | STATE | ZIP CODE |
| YOUR POSITION | YOUR DUTIES | | STARTING SALARY |
| REASON FOR LEAVING | | | ENDING SALARY |

3

| | | | |
|---------------------|-------------|---------------|-----------------|
| EMPLOYER | | EMPLOYED FROM | TO |
| SUPERVISOR NAME | ADDRESS | | PHONE NUMBER |
| SUPERVISOR POSITION | CITY | STATE | ZIP CODE |
| YOUR POSITION | YOUR DUTIES | | STARTING SALARY |
| REASON FOR LEAVING | | | ENDING SALARY |

4

| | | | |
|---------------------|-------------|-------------|-----------------|
| EMPLOYER | | EMPLOYED TO | TO |
| SUPERVISOR NAME | ADDRESS | | PHONE NUMBER |
| SUPERVISOR POSITION | CITY | STATE | ZIP CODE |
| YOUR POSITION | YOUR DUTIES | | STARTING SALARY |
| REASON FOR LEAVING | | | ENDING SALARY |

BUSINESS REFERENCES

Please list 3 references. People you have worked with are preferred. Do not include friends, relatives, or employers.

| NAME | OCCUPATION | WORK RELATIONSHIP | PHONE NUMBER |
|------|------------|-------------------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

MOVIE KNOWLEDGE

List 4 movies you've seen, and what you think of them.

| MOVIE | COMMENTS |
|-------|----------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

GENERAL

Do you have a current TABC Certificate?

☐ Yes ☐ No

Do you have a current Food Handler's Certificate?

☐ Yes ☐ No

Have you or any of your family members ever been employed by **Sky Cinemas**?

Yes No

If yes, when: _____

State any additional information you may feel helpful to us in considering your application:

I certify that the information provided is true and correct. I understand that I must present appropriate identification before beginning work and that I must be available to work evenings, weekends, and holidays.

APPLICANT'S SIGNATURE