

Pittsford Cinema Application for Employment

(Please drop completed application off at the theatre)

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

The company does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, marital status, ancestry, age (as defined by applicable law), legally recognized handicap, or veteran status. No question on this application is intended to secure information to be used for any discriminatory purpose.

PERSONAL INFORMATION			DATE
NAME			
<small>LAST</small>	<small>MIDDLE</small>	<small>FIRST</small>	
PRESENT ADDRESS			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
PERMANENT ADDRESS			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
EMAIL		*Will need to provide Social Security # at interview	
HOME PHONE	CELL PHONE	OTHER	
ARE YOU UNDER 16 YEARS OF AGE?		ARE YOU 16 OR 17 YEARS OF AGE?	
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES	

EMPLOYMENT DESIRED			
POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
	<input type="checkbox"/> NO <input type="checkbox"/> YES		
WHAT IS YOUR AVAILABILITY?		ARE YOU WILLING TO WORK HOLIDAYS?	
		<input type="checkbox"/> NO <input type="checkbox"/> YES	
		EXPLAIN	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	IF SO WHERE?	IF SO WHEN?	
<input type="checkbox"/> NO <input type="checkbox"/> YES			
REFERRED BY:			

EDUCATION	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED	YEARS COMPLETED	DID YOU GRADUATE?
GRAMMAR SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES
HIGH SCHOOL				<input type="checkbox"/> NO <input type="checkbox"/> YES
COLLEGE				<input type="checkbox"/> NO <input type="checkbox"/> YES
OTHER				<input type="checkbox"/> NO <input type="checkbox"/> YES

EXPERIENCE						
PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD						
NAME AND LOCATION OF COMPANY	DATE		STARTING SALARY	FINAL SALARY	LIST YOUR DUTIES	REASON FOR LEAVING
	FROM	TO				

REFERENCES	NAME	OCCUPATION	ADDRESS

I certify that the information included on this application form is accurate and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation of facts called for is cause for dismissal. Further, I understand and agree that if I am offered employment with the company, my employment is for no definite period and that either I or the company will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice.

Date

Signature of Applicant