

FRANK THEATRES

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Instructions: Complete all necessary information. You may be asked to provide additional information. **PLEASE PRINT.**

Name: _____ Social Security # _____ Phone () _____

Address: _____ City/State/Zip: _____

Desired Position: _____ Salary Preferred: _____ Start Date: _____

Special training or skills: (Languages, Technical, etc.) that would be of benefit to the position for which you are applying:

How did you hear about us? (Please check all that apply.)

☐ Poster / On Screen Ad ☐ Job Fair ☐ Radio ☐ On Campus
☐ Internet ☐ Flyer ☐ Employee Referral: List below ☐ Other: List below
☐ Newspaper ☐ Walk-in

Please fill in ALL information pertaining to your availability to work.

EXAMPLE: School 8am – 3pm, I am available to start work at 4pm on this day.

	Fri	Sat	Sun	Mon	Tues	Wed	Thurs
Days							
Evenings							

What type of Employment are you looking for? **FULL TIME** _____ **PART TIME** _____ **SEASONAL** _____

Have you ever been employed by **Frank Theatre's** before? **NO** _____ **YES** _____ **DATES/LOCATION** _____

Do you have legal right to be employed in the U.S.? **YES** _____ (**proof required**) **NO** _____

Have you been convicted of a crime in the last 7 years? **YES** _____ **NO** _____

If yes, please explain (a conviction will not automatically bar employment): _____

Are you of legal age to work? **YES** _____ **NO** _____

If you are under 18, can you furnish a work permit if it is required? **YES** _____ **NO** _____

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Human Resources
11003 W. Indiantown Road #210
Jupiter, FL 33458
www.FrankTheatres.com

2001

EDUCATIONAL BACKGROUND

High School: _____ Did you graduate? YES ____ NO ____ Course Study: _____

College: _____ Did you graduate? YES ____ NO ____ Course Study: _____

Graduate School: _____ Did you graduate? YES ____ NO ____ Course Study: _____

Vocational Training: _____ Did you graduate? YES ____ NO ____ Course Study: _____

PREVIOUS EMPLOYMENT – List the most recent employer first.

1. Company Name _____ Phone () _____

Contact Name _____ Employed From _____ To _____

Address _____ Position Held _____

Reason for leaving _____

2. Company Name _____ Phone () _____

Contact Name _____ Employed From _____ To _____

Address _____ Position Held _____

Reason for leaving _____

3. Company Name _____ Phone () _____

Contact Name _____ Employed From _____ To _____

Address _____ Position Held _____

Reason for leaving _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

Applicant's Signature _____ Date _____

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