



## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

**Please Print**

|            |                |       |                     |
|------------|----------------|-------|---------------------|
| Name: Last | Middle Initial | First | Date                |
| Address    | City           | State | Zip                 |
|            |                |       | Telephone<br>(    ) |

**Employment Interest**

|   |                     |
|---|---------------------|
| Have you ever been employed by us before? <input type="checkbox"/> Yes <input type="checkbox"/> No              | If Yes. When/Where? |
| Have you ever submitted an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes. When/Where? |
| Do you have relatives or acquaintances employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes. When/Where? |

**Work Authorization**

|   |   |  |
|---|---|--|
| Can you submit verification of your legal right to work in the United States?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you at least 18 years of age?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If applicable to your position, can you provide proof of valid Driver's License and Insurance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever gone by another name or nickname we would need to know in order to verify previous employment and education? <input type="checkbox"/> Yes <input type="checkbox"/> No    Name: _____  |   |  |
| Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please Explain:<br><br>(Note: Conviction does not necessarily bar applicant.. No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.)  |   |  |
| Are you able to perform the essential job-related functions for the position you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. In such case, the company prefers as much advance notice as possible regarding requests for accommodation. Hire may be subject to passing a medical examination and skill/agility tests.) |   |  |

**Educational Background**

| School                  | Name of School | Location<br>City & State | Year<br>Graduated | Degree<br>Received | Major |
|-------------------------|----------------|--------------------------|-------------------|--------------------|-------|
| High School             |                |                          | N/A               |                    |       |
| College/University      |                |                          |                   |                    |       |
| Trade/Vocational School |                |                          |                   |                    |       |

**Please list when you are available to work**

| FRIDAY | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY |
|--------|----------|--------|--------|---------|-----------|----------|
|        |          |        |        |         |           |          |

**Employment History** Even if you submit a resume, please list your work experience below. Please include any summer, part-time or volunteer experience.

|                                      |                 |          |                         |
|--------------------------------------|-----------------|----------|-------------------------|
| Present or most recent employer      | From<br>mo/yr   | To mo/yr | Job Title - Start       |
| Address                              | Starting Salary |          | Job Title – Present/End |
| City State Zip                       | \$              | Per      | Reason For leaving:     |
| Name of Immediate Supervisor: Phone: | Ending Salary   |          | Major Responsibilities: |
| Title: Department:                   | \$              | Per      |                         |
| Present or most recent employer      | From<br>mo/yr   | To mo/yr | Job Title – Start       |
| Address                              | Starting Salary |          | Job Title – Present/End |
| City State Zip                       | \$              | Per      | Reason For leaving:     |
| Name of Immediate Supervisor: Phone: | Ending Salary   |          | Major Responsibilities: |
| Title: Department:                   | \$              | Per      |                         |
| Present or most recent employer      | From<br>mo/yr   | To mo/yr | Job Title – Start       |
| Address                              | Starting Salary |          | Job Title – Present/End |
| City State Zip                       | \$              | Per      | Reason For leaving:     |
| Name of Immediate Supervisor: Phone: | Ending Salary   |          | Major Responsibilities: |
| Title: Department:                   | \$              | Per      |                         |

May we contact the above employers for a reference? \_\_\_\_\_ If not, please explain \_\_\_\_\_

|   |
|---|
| Please explain gaps in your employment history: From: _____ To: _____<br>Explanation:   |
| Have you ever been terminated from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain. |

**Business References:**

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

| Name | Occupation | Work Association / Relationship | Phone # |
|------|------------|---------------------------------|---------|
| 1.   |            |                                 |         |
| 2.   |            |                                 |         |
| 3.   |            |                                 |         |

List the last 4 movies you saw and what you thought of them

| Movie | Comments |
|-------|----------|
| 1.    |          |
| 2.    |          |
| 3.    |          |
| 4.    |          |

I hereby authorize Carolina Cinemas to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that my employment is At-Will. I understand that nothing contained in this application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. If hired, I will be required to follow all rules and regulations of the company.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_