



Marcus Theatres Application for Employment

PLEASE READ BEFORE COMPLETING THIS APPLICATION. All qualified applications will receive equal consideration. This Company does not discriminate in hiring or terms and conditions of employment on the basis of race, color, religion, national origin, sex, age, disability, military service, sexual orientation or any other status protected by applicable federal, state or local laws. Please advise us if any accommodation is needed to participate in the application process.

PERSONAL		
NAME		
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE - HOME	PHONE - WORK	

GENERAL INFORMATION		
POSITION DESIRED	REFERRAL SOURCE	
SALARY/WAGE DESIRED:	DATE AVAILABLE FOR WORK:	NUMBER OF HOURS DESIRED EACH WEEK:
DO YOU HAVE RELIABLE TRANSPORTATION TO GET YOU TO AND FROM WORK?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
AGE: ARE YOU AT LEAST 18 YEARS OLD?	YES <input type="checkbox"/>	NO <input type="checkbox"/> IF NO, STATE AGE _____
ARE YOU AT LEAST 21 YEARS OLD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are hired, you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment will be contingent upon furnishing such documents.		
PLEASE INDICATE SCHEDULE AVAILABILITY (HOURS AVAILABLE)	Monday	Tuesday
From		
To		
	Wednesday	Thursday
	Friday	Saturday
	Sunday	
NOTE: Although the Company makes an effort to accommodate individual preferences, business needs may at times require the following conditions of employment: overtime, a rotating work schedule and a work schedule other than Monday through Friday. There is no guarantee of fixed hours.		
ARE YOU AVAILABLE TO WORK:	EVENINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	WEEKENDS YES <input type="checkbox"/> NO <input type="checkbox"/>
		HOLIDAYS YES <input type="checkbox"/> NO <input type="checkbox"/>

WORK EXPERIENCE

List your previous experience beginning with your most recent position. If additional space is needed, attach a supplemental sheet.

1	EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE	
STARTING POSITION		STARTING WAGE	
LAST POSITION		FINAL WAGE	
DATES EMPLOYED	FROM	TO	
IMMEDIATE SUPERVISOR			
DUTIES			
WERE YOU TERMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN REASONS/CIRCUMSTANCES FOR LEAVING			

2	EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE	
STARTING POSITION		STARTING WAGE	
LAST POSITION		FINAL WAGE	
DATES EMPLOYED	FROM	TO	
IMMEDIATE SUPERVISOR			
DUTIES			
WERE YOU TERMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN REASONS/CIRCUMSTANCES FOR LEAVING			

3	EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE	
STARTING POSITION		STARTING WAGE	
LAST POSITION		FINAL WAGE	
DATES EMPLOYED	FROM	TO	
IMMEDIATE SUPERVISOR			
DUTIES			
WERE YOU TERMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN REASONS/CIRCUMSTANCES FOR LEAVING			

4	EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE	
STARTING POSITION		STARTING WAGE	
LAST POSITION		FINAL WAGE	
DATES EMPLOYED	FROM	TO	
IMMEDIATE SUPERVISOR			
DUTIES			
WERE YOU TERMINATED? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN REASONS/CIRCUMSTANCES FOR LEAVING			

EDUCATION AND TRAINING

SCHOOL	NAME, STREET, STATE & ZIP FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED YES / NO	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY?

IF JOB RELATED, INDICATE THE KINDS OF WORK WHICH YOU HAVE DONE:

KEYBOARDING SKILLS

COMPUTER TRAINING: _____

(_____ WPM)

COMPUTER SOFTWARE SKILLS INCLUDE: _____

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER, DATAWORD PROCESSING, OFFICE EQUIPMENT, TYPING OR OTHER SKILLS YOU CONSIDER RELEVANT TO EMPLOYMENT.

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?

YES

NO

IF YES, IDENTIFY NAME(S) AND RELEVANT DATES: _____

IF YOU HAVE WORKED FOR MARCUS BEFORE, STATE WHERE, WHEN, FINAL POSITION AND REASON FOR LEAVING:

YES

NO

IF YES, STATE: _____

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES

NO

IF YES, PLEASE EXPLAIN: _____

CRIMINAL CONVICTION HISTORY

Have you ever been convicted of a criminal offense, or have any pending charges, other than a minor traffic violation? Please note: A conviction, or a pending charge, will not necessarily disqualify you from employment. (Candidates applying to or residing in the state of Minnesota should indicate "Not Applicable".)

ILLINOIS APPLICANTS ONLY: Applicant may omit sealed or expunged convictions.

MINNESOTA APPLICANTS ONLY: Applicant will be asked to provide criminal conviction history after being selected for an interview or after a conditional offer of employment has been made.

CRIMINAL CONVICTION: YES NO

If yes, explain details of conviction below. A conviction does not automatically disqualify you from employment.

EMERGENCY NOTIFICATION DESIGNATION

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____

PHONE: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

REFERRAL SOURCE, CHECK ONE

WALK-IN APPLICANT _____

EMPLOYMENT AGENCY NAME _____

SCHOOL/COLLEGE _____

COMMUNITY ORGANIZATION NAME _____

EMPLOYEE REFERRAL NAME _____

NEWSPAPER AD NAME _____

OTHER _____

REFERENCES

NAME	PHONE	RELATIONSHIP

APPLICANT STATEMENT

READ THIS INFORMATION BEFORE SIGNING YOUR JOB APPLICATION. I certify that the facts contained in this application for employment and any other material collected during the hiring process are true and complete and acknowledge that any omissions or false statements shall be grounds for rejection of my application or immediate termination if employed.

I understand that the use of this application form does not imply that there are positions open and does not in any way obligate the Company to employ job applicants. This application is valid only as long as the position for which I applied remains open and no longer than 30 days. I will reapply after that time if I am still interested in employment with the Company.

Applying for a job authorizes the Company to contact any of your schools, your current and former employers as noted on your application, or other references for the purposes of verifying information and/or obtaining an account of your experience and skills. By signing below, you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that for some positions a more extensive background check is part of the employment making decision process and you will need to sign any necessary disclosure and release forms.

I acknowledge that the Company may require a substance abuse screening examination as part of the selection process. Hired individuals are also subject to substance abuse screenings at management's request. Any offer of employment is contingent upon my successful passing of any test or examination.

I understand and agree that, if hired, my employment is "at will" and is not for a definite period and may, regardless of circumstances, be terminated at any time without prior notice by the Company. I further acknowledge that no contract of employment will be valid against the company unless signed by the Chief Operating Officer of the Company.

I acknowledge that as a condition of my employment, I will be required to agree to be bound by the terms of and sign The Marcus Corporation's Mutual Agreement To Arbitrate Claims. Failure to sign this Agreement shall result in the revocation of my offer of employment.

BY SIGNING THIS APPLICATION YOU ARE ATTESTING THAT YOU HAVE FULLY READ, UNDERSTOOD AND AGREE TO ALL OF THE ABOVE STATED INFORMATION.

SIGNATURE _____

DATE _____