

NATIONAL AMUSEMENTS

EMPLOYMENT APPLICATION

Showcase Cinemas - Multiplex Cinemas - Cinema De Lux

An Equal Opportunity Employer

Date _____

PERSONAL

Name _____

Address _____
(Street) (City) (State) (Zip Code)

Telephone Number _____

Are you 18 or older? YES NO If under 18 years of age, please state your age: _____
(If you are under 18, you may be required to furnish a work permit prior to working.)

Are you legally authorized to work in the United States? _____
(Proof of eligibility to work in the United States will be required upon employment.)

If you have worked for our company in the past, please state where and when: _____

Have you ever been convicted of a crime? If YES, describe in full: _____
(A conviction will not necessarily bar you from employment.)

Please list any friends or relatives employed by us: _____

Referral Source: Walk-In Applicant _____ Company Employee _____
 Newspaper Ad _____ Community Organization _____ Other _____

EMPLOYMENT DESIRED/AVAILABILITY

As an industry which provides a service to the public, our business hours include afternoons, evenings, weekdays, and holidays.

Position(s) _____ Date _____ Rate of Pay _____
 Desired: _____ Available: _____ Expected: _____

Are you available to work? (Indicate YES or NO in each area below.) Hours Desired _____
 Per Week: _____

Holidays: _____ Days: _____ Evenings: _____ Weekends: _____

National Amusements theatres are open every day of the year. Please indicate the days and hours you are available to work below.

	MON	TUE	WED	THU	FRI	SAT	SUN
From							
To							

EDUCATION

Name and Location of School	Years Completed	Degree	Major/Course Type
High School			
College			
Other			

Please list any other education, training certificates, computer, or special skills you possess that are related to the job for which you are applying: _____

EMPLOYMENT

List your previous work experience beginning with your most recent position.

Company _____	Tel.# _____	Start Date _____	
		End Date _____	
Address _____			
(Street)	(City)	(State)	(Zip Code)
Position _____	Starting Wage _____	Ending Wage _____	
Major Duties _____			
Reason For Leaving: _____			
Supervisor: _____	May we contact this employer?	YES	NO

Company _____	Tel.# _____	Start Date _____	
		End Date _____	
Address _____			
(Street)	(City)	(State)	(Zip Code)
Position _____	Starting Wage _____	Ending Wage _____	
Major Duties _____			
Reason For Leaving: _____			
Supervisor: _____			

Company _____	Tel.# _____	Start Date _____	
		End Date _____	
Address _____			
(Street)	(City)	(State)	(Zip Code)
Position _____	Starting Wage _____	Ending Wage _____	
Major Duties _____			
Reason For Leaving: _____			
Supervisor: _____			

Please read carefully and sign below:

I certify that all of the facts and statements as set forth in this employment application are true and complete. I understand and agree that if employed, any falsification or omission of information shall be considered grounds for immediate dismissal.

I hereby authorize you to conduct a full investigation of my personal, educational and employment history through the use of whatever investigative agencies or bureaus you may choose. I also specifically authorize you to contact my PREVIOUS employers and authorize them to provide any information or references that you deem necessary in connection with this application.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I understand that no verbal promises or guarantees relating to employment are binding upon the Company and that, if employed I will be an employee "at will" and may be terminated at any time. If I am employed, I agree to abide by the Company's rules and regulations and any changes thereto.

Applicant Signature _____ **Date** _____