POSITION APPLIED FOR: Co-ed Cinema APPLICANT TELEPHONE: Employment Application SOCIAL SECURITY NUMBER: YOUR NAME: _ Middle First ADDRESS: ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? (If yes, verification will be required.) I AM SEEKING A PERMANENT POSITION: No I am 18 years old or older. Are you able to perform the essential functions of the position with or without accommodations? Yes I WILL BE ABLE TO REPORT TO WORK ____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED. **EDUCATION:** Field of Study Graduate or Degree High School College/University Business/Technical Other (May include grammar school) **MILITARY SERVICE:** No Yes **Duty/Specialized Training:** REFERENCES: List two personal references who are not relatives or former supervisors. Name Address Telephone Occupation Years known Address Telephone Occupation Years known **EMPLOYMENT:** List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary. **Employer Name and Address** Position Title/Duties Skills Dates Employed from to Reason for leaving Supervisor's Name: Telephone: **Employer Name and Address** Position Title/Duties Skills Dates Employed from

Supervisor's Name:

Reason for leaving

Telephone:

EMPLOYMENT CONTINUED				
Employer Name and Address	Position Title/Duties Skills		Dates Employed	
			from	to
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			Reason to	rieaving
	Supervisor's Name:	Telephone:		
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Employer Name and Address	Position Title/Duties Skills		Dates Employed	
			from	to
			Reason fo	r leaving
	Supervisor's Name:	Telephone:		
	Supervisors Name.	i elepriorie.		
			-	
Summarize other				
employment related to this job:				
Additional akilla inalyding aynan inian akilla	other lengue and or information			
Additional skills including supervision skills, regarding the career/occupation you wish to				
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In case of accident or illness please contact: Name:		Daytime phone:		
Address		Relationship:		
Address: Relati			veiationship.	
Information to the applicant: As part of or				
references may be checked. If you have mis may be discharged from your job. You may				
may be discharged from your job. Tou may	make a whiten request for information denv	rea from the cheating of your refer	criocs.	
If necessary for employment, you may be re	equired to: supply your birth certificate or oth	ner proof of authorization to work in	the US,	
have a physical examination and/or a drug t	est, or to sign a conflict of interest agreeme	nt and abide by its terms.		
I understand and agree to the information sh	nown above:			
Signature:		Date:		
Equal Employment Opportunity: While r		· · · · · · · · · · · · · · · · · · ·		
employers are required to provide equal empreporting purposes only. This information is		-	-	
reporting purposes only. This information is	optional and failure to provide it will have he	ancol on your application for emp	noyment.	
Employer Section:				
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