



Employment Application

(Please Print or Type)

Applicants Name (Last) _____ (First) _____ (M.I.) _____ SSN (Optional) _____

Position (s) Applied For _____ Date of Application _____

Mailing Address (Number) & Street _____ City _____ State _____ Cell Phone _____

Permanent Address (If Different) _____ City _____ State _____ Home Phone _____

Email Address: _____

Personal Information:

Salary desired: _____ Position Desired: Full-time Part-Time Temporary Date available to begin working _____

What days of the week and hours can you work?

Day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From:							
To:							

Please note any other details pertaining to available schedule: _____

How did you hear about the position: _____

Does a family member or friend currently work at Tristone Cinema Group? If so, please list their name: _____

Have you ever applied to or worked for us before? Yes No

If yes, when: _____

Employment Eligibility/Work Authorization: (Verification will be required upon hire)

Are you legally eligible to work in the US? Yes No

If you are under the age of 18, do you have a work permit? Yes No

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Arrest Record: Misdemeanor conviction for possession of marijuana that are more than two years old do not need to be included, in addition to sealed, expunged or statutorily eradicated convictions. A conviction of a crime does not automatically prevent employment- all circumstances will be considered

Have you ever been convicted of a felony or a serious misdemeanor? Yes No

If yes, please state the crime, when and where you were convicted, and disposition of case:

Special Accommodations: See Job Description for job functions

Are you able to perform the essential job functions with or without a reasonable accommodation? Yes No

What essential job functions will need reasonable accommodations?

If you are unable to perform the essential functions of the job, what functions are you not able to perform?

Education and Training

School Name & Address	Diploma, Certification, Degree, Licenses	# Yrs Attended	Did you Graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any other significant information or job related experience

Employment History: Begin with current or most recent employer including all periods of unemployment or temporary employment for the last five years. Please use second sheet if you need more space.

1. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities: _____

Reason for Leaving: _____

2. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisor's Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving _____

Employment Application (Continued)

3. Employer Name, Address and Phone

To/From Date _____

Ending Pay: _____

Supervisors' Name and Title: _____

May we contact employer?

Yes No

Responsibilities _____

Reason for Leaving: _____

References: Please list three business references, not related to you and have known for at least one year.

Name	Address	Occupation	Yrs Known	Phone Number

Acknowledgement and Understanding: Please read carefully, initial each paragraph and sign below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely effect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize the company to thoroughly investigate my references, work record, education, and any other matters related to my suitability for employment and, further, authorize the references that I have listed to disclose to the company any and all reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the 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.

Applicant's Signature & Print Name

Date

Employment Application (Continued)

Equal Employment Opportunity Commission Data Collection Form

The completion of this form is optional. This employer is subject to certain governmental recordkeeping requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race and ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations.

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? You may mark only one box.

- I choose not to answer.**
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

The completion of this form is optional.