

## **Employment Application**

Schulman Theatres is an equal opportunity employer. We do not discriminate in employment on the basis of race, color, age, sex, religion, national origin, disability, or other classes protected by applicable federal, state, or local law.

General Information Please Print Clearly with Blue or Black Ink								
Name (Last, First, Middle):				Date:				
Street Address:								
City:			_ St	ate:	Zip Code:			
Phone #:		_Alt. Phc	one #:					
Email Address:								
Previous Wage:	Wage [	Desired:		Date A	vailable to Begin:			
Position Desired: Ma	Management Concession/Box Office/Turn Team							
Ma	aintenance				Other			
Are you a citizen of the United States?		YES		If not, are you auth	orized to work in the U.S.?	YES	NO	
Have you ever worked for this company?		YES		If so, when?				
Have you ever been convicted of a felony?				If yes, explain:				

Hours Available for Work Consider ALL obligations: School, Sports, Organizations, Extra-Curricular Activities, etc.										
Mon	Tue		Wed		Thu	Fri	Sat	Sun		
Can you work m	ost weekends?	YES		lf not,	explain:					
Can you work m	ost holidays?	YES NO		If not, explain:						
Are you attendin	g school?	YES	NO П	lf so, v	where?					
Are you at least	16 years old?	YES								
Do you know an employed by Sc Theatres?		YES		If so, v	who?					

**Employment History** Please List All Previous Employment From/To Wage Title, Employer, Location, Supervisor, Phone Reason for Leaving Explain any gaps in employment: YES NO YES NO May we contact your current employer? Are you currently employed? I hereby authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information concerning any credit-worthiness and personal background, and I hereby release each such employer or other person, firm, or corporation from any and all liability by reasons of furnishing the requested information. I specifically authorize Schulman Theatres to obtain consumer reports on me for employment purposes. I understand that if employed any misrepresentation or omission of facts requested is cause for dismissal. Applicant Signature:\_\_\_\_\_Date: \_\_\_\_\_

Name:\_\_\_\_\_Date: \_\_\_\_\_

Management Use Only						
Background Check Ordered?	S NO	Date:	Comments:			
References Checked?	S NO	Date:	Comments:			
Hired? YES NO Start Date:_		Wage:	_Position:			