

ESSEX CINEMAS + X

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Personal Information			
Last Name	First Name	Referred By	
Phone Number	Email Address		
Address	City	State	Zip Code

Employment Desired			
Position	Available start date	Desired rate of pay	Have you ever applied to Essex Cinemas before?

Education History			
	Name & location of school	Years attended	Subjects studied
High School			
College			
Trade, Business, or Correspondence School			

Skills & Experience (Subject of special study, research work, or special training/skills)

Current & Former Employers				
Date, month, & year	Name & location of employer	Rate of pay	Position	Reason for leaving
From:				
To:				
From:				
To:				

References | Give below the names of three persons, not related to you, whom you have known for at least one year.

Name	Phone Number	Occupation	Years known

Schedule Availability | Please mark which shifts you would be available to work

***To be considered for this job, you must be available for at least one FRIDAY NIGHT, SATURDAY, or SUNDAY shift each week. Friday and Saturday evening shifts are extended by 30mins to help clean the theater.**

****Essex Cinemas is open 365 days a year. All employees are required to work on Thanksgiving or Christmas.**

Shifts Available	Monday	Tuesday	Wednesday	Thursday	Friday*	Saturday*	Sunday*
11:15 AM to 5:00 PM							
3:00 PM to 9:30 PM							
5:00 PM to 10:30 PM							
How many hours a week do you want to work?				**Which holiday would you prefer to work?			

Additional Information

Three favorite movies	Questions & comments for us

Authorization

"I certify that the facts contained in this application are true and complete to the best of knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act ADA and other relevant federal and state laws"

Date:	Signature:
-------	------------

