

# Continental Cinema

## APPLICATION FOR EMPLOYMENT

**This Application must be  
in your own hand writing.**

**All Questions on this  
form must be answered.**

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Number Street City State Zip

Permanent Mailing Address \_\_\_\_\_  
Number Street City State Zip

Telephone ( ) - Social Security Number | |

Birth Date: \_\_\_\_\_  
(Mo./Day/Year)

Have you attained the age of 16 years?  Yes  No

If no, when will you be 16 years of age? \_\_\_\_\_  
(Mo./Day/Year)

If employed and you are under 18 years of age, can you furnish a work permit?  Yes  No  Not applicable

Have you filed an application here before?  Yes  No If yes, give date \_\_\_\_\_  
(Month/Day/Year)

Have you ever been employed by Continental Cinemas before?  Yes  No

If yes, give dates of previous employment and location: From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
(Month/Year) (Month/Year) (City)

If related to anyone in our employ, state name(s): \_\_\_\_\_

In emergency, notify (Name) \_\_\_\_\_ Telephone ( ) - ( ) -  
Home Work

Complete address where this person can be contacted: \_\_\_\_\_

### EMPLOYMENT INFORMATION

If your application is considered favorably, on what date can you start work? \_\_\_\_\_  
(Month/Day/Year)

I am available to work  Full-Time  Part-time  Holidays  Weekends  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Have you been convicted of any criminal offense?  Yes  No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Former Employers		(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH PRESENT OR LAST ONE FIRST)			
Employer	Telephone ( ) -	DATES EMPLOYED		WORK PERFORMED	REASON FOR LEAVING
		FROM	TO		
Address					
Job Title		HOURLY RATE/SALARY			
		STARTING	FINAL		
Supervisor					May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone ( ) -	DATES EMPLOYED		WORK PERFORMED	REASON FOR LEAVING
		FROM	TO		
Address					
Job Title		HOURLY RATE/SALARY			
		STARTING	FINAL		
Supervisor					May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Telephone ( ) -	DATES EMPLOYED		WORK PERFORMED	REASON FOR LEAVING
		FROM	TO		
Address					
Job Title		HOURLY RATE/SALARY			
		STARTING	FINAL		
Supervisor					May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No

## REFERENCES

(LIST BELOW THE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWN YOU AT LEAST ONE YEAR)

Name	Address	Telephone
1.		( ) -
2.		( ) -
3.		( ) -

## EDUCATION

CIRCLE HIGHEST GRADE COMPLETED IN EACH CATEGORY	GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4	GRAD SCHOOL 1 2 3 4
	NAME AND LOCATION OF SCHOOL		LAST YEAR ATTENDED	SUBJECTS STUDIED OR DEGREE
HIGH SCHOOL OR G.E.D.				
COLLEGE				
TRADE, BUSINESS, NIGHT OR CORRESPONDENCE SCHOOL				

1. Completion of this application by me does not indicate that there are any positions open and does not in anyway obligate CONTINENTAL CINEMA CORPORATION. I understand that this application will become inactive in 60 days unless reactivated by me in person or in writing.

2. I understand that as part of the normal procedure for processing employment applications an inquiry may be made to third parties such as family members, business associates, financial sources, friends, neighbors and others concerning my character, general reputation, credit, personal characteristics, and mode of living.

3. I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with company policy. I agree to conform to the rules and regulations of CONTINENTAL CINEMA CORPORATION.

4. I DO HEREBY ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT WITH CONTINENTAL CINEMA CORPORATION AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER CONTINENTAL CINEMA CORPORATION OR MYSELF. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN THE PRESIDENT OR THE VICE-PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME. IF YOU TERMINATE YOUR EMPLOYMENT AT CONTINENTAL CINEMA CORPORATION WITH IN 60 DAYS YOU WILL BE ASSESSED A \$25 UNIFORM RE STOCKING FEE.

Date \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Applicant

(Retain this application for 60 days, unless reactivated by applicant in person or writing. If applicant is employed retain this application in theatre files during the applicants period of employment. When applicant leaves the employment of CONTINENTAL CINEMA CORPORATION please attach Separation Notice and any Reports of Disciplinary Action)