



YOU MUST BE 16 YEARS OF AGE OR OLDER TO WORK FOR ALLEN THEATRES

NAME:

LAST

FIRST

PRESENT ADDRESS:

MAILING ADDRESS:

PHONE #:

DATE YOU CAN START:

REFERRED BY:

EDUCATION

NAME, LOCATION, AND MAJOR

DID YOU GRADUATE?

HIGH SCHOOL								
COLLEGE, TRADE, OR BUSINESS SCHOOL								
WHEN ARE YOU NOT AVAILABLE TO WORK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	

FORMER EMPLOYERS (LIST STARTING LAST ONE FIRST)

DATE MO. & YR.	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: GIVE THE NAMES OF 2 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	YRS KNOWN	PHONE #
1			
2			

HAVE YOU EVER BEEN CONVICTED OF A FELONY? CIRCLE YES NO

IN CASE OF AN EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE #
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND, REGARDLESS OF DATE OF PAYMENT OF WAGES, MAY BE TERMINATED AT ANY TIME, WITHOUT PREVIOUS NOTICE.

DATE _____

SIGNATURE _____

Office Use Only

DATE HIRED: _____ REMARKS: _____

TERMINATED: _____