

Personal Information			
First Name	Middle Name	Last Name	
Street Address		City	
Unit Number, P.O. Box, Etc.		State	Zip Code
Email		Phone	
Social Security Number	Driver's License/ID Number	State Issued	
Position Applied For		Date of Birth	Age
Date Available	Amount Desired \$	Employment Desired <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	
Tell us about you!			

Employment Eligibility	
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO*
HAVE YOU EVER WORKED FOR THIS EMPLOYER?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
*IF YES, WRITE THE START AND END DATES:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
*IF YES, PLEASE EXPLAIN:	

Education			
High School		City/State	From To
Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Diploma	
Education (Continued)			
College		City/State	From To
Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree	

Major	Minor		
Trade School/Other	City/State	From	To
Program Name (If Applicable)			
Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Degree/Certification		

Previous Employment			
Employer 1	Company/Individual		
Street Address		City	
Unit Number, P.O. Box, Etc.		State	Zip Code
Contact Person		Position	
Email		Phone	
Job Title	Responsibilities	From	To
Reason for Leaving		Where you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer 2	Company/Individual		
Street Address		City	
Unit Number, P.O. Box, Etc.		State	Zip Code
Contact Person		Position	
Email		Phone	
Job Title	Responsibilities	From	To
Reason for Leaving		Where you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Previous Employment (Continued)			
Employer 3	Company/Individual		
Street Address		City	

Unit Number, P.O. Box, Etc.		State	Zip Code
Contact Person		Position	
Email		Phone	
Job Title	Responsibilities	From	To
Reason for Leaving		Where you fired? <input type="checkbox"/> YES <input type="checkbox"/> NO	

References			
Reference 1	Full Name	Relationship	
Company		Title	
Email Address		Phone	
Notes		Best time to call	
Reference 2	Full Name	Relationship	
Company		Title	
Email Address		Phone	
Notes		Best time to call	
Reference 3	Full Name	Relationship	
Company		Title	
Email Address		Phone	
Notes		Best time to call	

Military Service		
Are you a veteran? (If no, skip section) <input type="checkbox"/> YES <input type="checkbox"/> NO	Branch of Service	
Rank at Discharge	Service Start Date	Service Stop Date
Type of Discharge	If Dishonorable, please explain	

Background Check Consent	
IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Disclaimer
<p>Applicant understands that Fremont Cinemas LLC is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.</p> <p>Please complete each section EVEN IF you decide to attach a resume.</p> <p>I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.</p>

Applicant's Signature	Date
Applicant's Full Legal Name	

For Internal Use Only			
Received By	Received Date	Destroy Original Date	
Receiver's Signature			
BC Order?	Score	F.U.D	Accepted
Accepted by (Printed)		Accepted by (Signed)	

