

GENERAL INFORMATION: Please complete all requested information. Use Ink and Print

DATE OF APPLICATION: _____

NAME (LAST) (FIRST) _____

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY STATE ZIP _____

PHONE NUMBER (HOME) (CELL) _____

Have you previously been employed by FRIDLEY THEATRES?
 NO _____ YES _____ If yes, when? _____

Have you ever filed an application here before?
 NO _____ YES _____ If yes, when? _____

DATE AVAILABLE FOR WORK: _____

POSITION APPLYING FOR: _____

FULL TIME _____ PART TIME _____

PLEASE INDICATE THE DAYS YOU ARE AVAILABLE TO WORK:

SUN	MON	TUE	WED	THUR	FRI	SAT

NOTE: If your availability changes, it is your responsibility to notify us

Are you 16 Years of age or older? Yes _____ No _____

If hired, can you provide written evidence that you are authorized to work in the U.S. Yes _____ No _____

In case of Emergency please contact: _____

ADDITIONAL EMPLOYMENT INQUIRES

Type of Work Desired _____ Pay Desired _____

How Were You Referred To Our Organization? _____

List any relatives currently employed with the company (name/relationship) _____

Do you have adequate public or private transportation to get to Work? NO _____ YES _____

Have you been convicted of a criminal offense within the past seven (7) years that has not been expunged, sealed, pardoned, discharged, eradicated, or impounded? NO _____ YES _____ If yes, When? _____

EDUCATION AND TRAINING

SCHOOL	PRINT NAME, CITY STATE	YEARS ATTENDED	DEGREE	MAJOR/COURSES
High School				
College				
Other				

PROFESSIONAL REFERENCES (Please list business or work-related references and their relationship to you.)

	Name	Business Relationship	Telephone Number
1.			
2.			
3.			

EMPLOYMENT HISTORY

Employment Dates (MO/YR)	Name and Address of Previous Employer	Employment Information	Reason for Leaving
From:		Job Title:	
		Supervisor's Name: Beginning Salary:	
To:		Phone Number: Ending Salary:	
Job Responsibilities:			
From:		Job Title:	
		Supervisor's Name: Beginning Salary:	
To:		Phone Number: Ending Salary:	
Job Responsibilities:			
From:		Job Title:	
		Supervisor's Name: Beginning Salary:	
To:		Phone Number: Ending Salary:	
Job Responsibilities:			

Please list any additional information that relates to your ability to perform the job for which you have applied below :

Applicants' Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be change verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, school and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____