

This application form is considered current for 30 days only. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply by filling out a new application.

# APPLICATION FOR EMPLOYMENT

## Theatre Services, Inc.

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
STREET ADDRESS	(CITY)	(STATE) (ZIP)
PERMANENT ADDRESS	(CITY)	(STATE) (ZIP)
IF LESS THAN SIX MONTHS AT CURRENT ADDRESS, WHAT WAS YOUR PREVIOUS ADDRESS? HOW LONG DID YOU LIVE THERE?		
ARE YOU AT LEAST 16 YEARS OLD AND CAN YOU PROVIDE PROOF OF AGE? YES                      NO	SOCIAL SECURITY NUMBER	TELEPHONE

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
HAVE YOU WORKED FOR OUR COMPANY OR ANY SUBSIDIARY BEFORE? YES                      NO	DATES WORKED	LOCATION
		SUPERVISOR

HIGH SCHOOL	SCHOOL LOCATION	DID YOU GRADUATE? GED? YES      NO	GRADE AVERAGE
	CIRCLE LAST YEAR COMPLETED 9      10      11      12	COURSES YOU LIKED BEST	EXTRA ACTIVITIES/HONORS
COLLEGE	SCHOOL LOCATION	DEGREE RECEIVED	GRADE AVERAGE
	CIRCLE LAST YEAR COMPLETED FRESH    SOPH    JR.    SR.	MAJOR AND MINOR COURSES	EXTRA ACTIVITIES/HONORS
WHAT PLANS DO YOU HAVE FOR CONTINUING YOUR EDUCATION?			

START WITH YOUR CURRENT OR LAST EMPLOYER - INCLUDE DATES WITH MONTH AND YEAR				
FROM Mo.    Yr.	COMPANY	YOUR DUTIES	BEGINNING PAY	ENDING PAY
FROM Mo.    Yr.	CITY AND STATE			
SUPERVISOR'S NAME		YOUR TITLE	REASON FOR LEAVING	
SUPERVISOR'S TELEPHONE #				
FROM Mo.    Yr.	COMPANY	YOUR DUTIES	BEGINNING PAY	ENDING PAY
FROM Mo.    Yr.	CITY AND STATE			
SUPERVISOR'S NAME		YOUR TITLE	REASON FOR LEAVING	
SUPERVISOR'S TELEPHONE #				
FROM Mo.    Yr.	COMPANY	YOUR DUTIES	BEGINNING PAY	ENDING PAY
FROM Mo.    Yr.	CITY AND STATE			
SUPERVISOR'S NAME		YOUR TITLE	REASON FOR LEAVING	
SUPERVISOR'S TELEPHONE #				
MAY WE CONTACT YOUR PRESENT EMPLOYER?      YES      NO				

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
NAME	ADDRESS	PHONE #	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	TELEPHONE
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<b>WHY WOULD YOU LIKE TO WORK FOR THEATRE SERVICES, INC?</b>

I hereby certify that the information given herein by me is true in all respects. I authorize Theatre Services, Inc. and their representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied, and I hereby release them and Theatre Services, Inc. from any liability resulting from the information requested or provided. **I understand that misrepresentation or omission of facts herein may result in the refusal to hire or in termination of employment.** In the event I am employed by Theatre Services, Inc. I understand that I must comply with all company policies and rules. **I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause, and with or without notice, at the option of either Theatre Services, Inc. or me.** I understand that no representative of Theatre Services, Inc. other than the President has any authority to enter into any agreement contrary to the foregoing, and such agreement must be in writing and signed by the president of Theatre Services, Inc.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE IN - EMPLOYER USE ONLY			
<b>REMARKS:</b>			
<b>NEATNESS</b>		<b>CHARACTER</b>	
<b>PERSONALITY</b>		<b>ABILITY</b>	

HIRED	POSITION	WILL REPORT	SALARY WAGES
<b>APPROVED:</b>	<b>1.</b>	<b>2.</b>	<b>3.</b>
	INTERVIEWER	ASSISTANT MANAGER	MANAGING DIRECTOR

Theatre Services, Inc. is an equal opportunity employer committed to a policy of nondiscrimination with respect to race, color, religion, sex, national origin, disability, marital status, age, veterans' status, and any other class protected by federal, state or local law.