

Employment Application

We are an equal opportunity employer. We are dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, national origin and disability.

Personal Information:

| First Name | Last Name | Social Security Number |
|--|----------------------------------|------------------------|
| Street Address | | City |
| State | Zip Code | Email |
| Home Phone # | Cell Phone # | Best time to call |
| Are you under the age of 18? | Yes 🗌 No Date of birt | th |
| Have you ever been convicted of a cr | ime? 🗌 Yes 🗌 No | |
| Do you have a legal right to work in | the United States? | 🗌 No |
| In case of emergency, please contact: | | at |
| Father's Name: | Mother's Name: | |
| Position Information: What position are you applying for?_ | | |
| Number of hours per week desired? | | |
| Do you object to weekend or holiday | work? 🗌 Yes 🗌 No | |
| Do you object to working the late shi | ft (7pm to closing and clean up? | P) 🗌 Yes 🗌 No |
| Do you have reliable transportation to | o and from work? 🗌 Yes 🗌 |] No |
| If hired, when could you begin work? | ? | |
| Will you be taking a vacation, attend | | |
| If yes, when? | | |

| Are there other times you would not be able to we | ork? 🗌 Yes 🗌 No | | |
|---|---------------------|--|--|
| If yes, when? | | | |
| Education information: | | | |
| High School Information | | | |
| School Name: | | | |
| Last Grade Completed: | GPA: | | |
| Sports or Activities involved in: | | | |
| When do they occur? | | | |
| | | | |
| College Information | | | |
| School Name: | | | |
| | GPA: | | |
| Major: | Graduation Date: | | |
| Previous Employment: | | | |
| | Phone Number: | | |
| Dates of Employment: From: | | | |
| | Ending wage: | | |
| | Reason for Leaving: | | |
| | | | |
| Company Name: | | | |
| Dates of Employment: From: | To: | | |
| Supervisor: | Ending wage: | | |
| Your Position: | Reason for Leaving: | | |

Personal and/or Professional References:

Please list at least two references (other than immediate family/household members).

| Name: | Company: |
|----------|---------------|
| Phone #: | Relationship: |
| Name: | Company: |
| Phone #: | Relationship: |

Applicant's Signature:

By signing below, I declare that the above is true and has been completed to the best of my knowledge. I understand that if employed, any falsification, misstatement or omission of fact in connection with my application may result in immediate termination of my employment.

I understand that, if hired, my employment will be an at-will basis, meaning that either my employer or I have the right to terminate the employment relationship at any time and/or for any reason.

Corydon Cinemas sets high standards for its employees and compliance with these standards is a condition of employment. You should carefully consider what we require of our employees before you apply for a position with us.

Applicant's Signature

Date

Thank you for applying with Corydon Cinemas. You will be contacted if we are interested in scheduling an interview.