



An equal opportunity employer

Return Completed Application to the Theatre's Box Office or  
Mail To: Post Office Box 6395, San Jose, CA 95150-6395

### EMPLOYMENT APPLICATION

**PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS APPLICATION.**

If you enjoy working with people and can provide outstanding service for our guests, then please continue reading this application. Our theatres are open every day of the year. If hired you will be expected to work on weekends and holidays and you will have to present proof of eligibility to work in the U.S. If under **18** years old you will be required to obtain a work permit from your school.

**TODAY'S DATE:** \_\_\_\_\_

**PERSONAL INFORMATION:**

*Please PRINT*

<b>Name</b>	<i>Last</i>	<i>First</i>
<b>ADDRESS</b>		
<b>CITY, STATE, ZIP</b>		
<b>PHONE NUMBER</b>		

ARE YOU 18 YEARS OLD OR OVER? YES\_\_\_ NO \_\_\_ IF NO, YOUR AGE? \_\_\_\_\_

AVAILABILITY:

	FROM:	TO:
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

IF HIRED, DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

**FORMER EMPLOYERS:**

LIST YOUR LAST THREE EMPLOYERS (LAST ONE FIRST)

DATES (MONTH & YEAR)	NAME/ADDRESS PHONE NUMBER	POSITION & WAGE OR SALARY	REASON FOR LEAVING
FROM: TO:			
FROM: TO:			
FROM: TO:			

(CONTINUED ON BACK)

**EDUCATION:**

NAME &amp; LOCATION OF SCHOOL

GRADUATED?  
GPA?MAJOR  
SUBJECTS

GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE/BUSINESS SCHOOL			

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS KNOWN

**IN CASE OF EMERGENCY, NOTIFY:**

NAME:	ADDRESS /PHONE NUMBER	PHONE NUMBER

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that my employment is at will, and may be terminated at anytime without cause.

**SIGNATURE:** \_\_\_\_\_

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

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CineLux Theatres does not discriminate on the basis of race, sex, color, religion, national origin, sexual orientation, age, disability, veteran status, or any other factors made unlawful under applicable federal and state laws. All personnel decisions are made without prejudice or discrimination, in accordance with the principles of equal opportunity.

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