

641 McCray Street. Hollister, CA 95023 (831) 638-1688 (831) 638-0186 Fax www.premierecinemas.net

PREMIERE CINEMAS IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Ple	ase print cle	early. Use additional pages a	s necessary.						
4. Names									
1.	Name:	Last	First		Middle				
2	A ddrooo.								
2.	Address:	Street		City	State	Zip			
3.	Telephone	e Number		4. Email Address					
0.	-	4. Litali Address							
5.	Are you at	Are you at least 18 years old? Yes No If employed & under the age of 18, can you furnish a work permit? Yes No							
6. Do you have a legal right to work in the United States? Yes No									
	If employe	f employed, you will be required to provide proof.							
7.	Have you	annlied to Premiere Cinema	as for employment	t in the nast? 🗆 Ve	s 🗆 No				
٠.	If yes, whe	Have you applied to Premiere Cinemas for employment in the past?							
ii yos, whom:									
8. Do you have any relatives currently employed by Premiere Cinemas?									
If yes, who? What relation to you?									
9. Have you ever used another name that we would need to verify your employment experience an					and education?				
	☐ Yes ☐	No If yes, indicate such na	ame and the date th	ne name changed:					
10	A # 0 1/ 01/ 01	versontly ampleyed? Vac	No fives me		at amountaries at a mortis	ma2 □ Vaa □ Na			
10.	•	urrently employed?		y we contact your currei	nt employer at anytır	me? Yes No			
	☐ You ma	ay contact my current employ	er, but only when:						
P	OSIT	ION							
1.	Position f	Position for which you are applying: First C		`hoico	Second Choice				
2.	Salarylwa	Salary/wage desired:			360	ond Choice			
۷.	Salai y/ wa	ge desired.		per					
3.	Are you a	vailable to work:	Full-Time	☐ Part-Time	☐ Temporary	On-Call			
			☐ Evenings	☐ Weekends	☐ Overtime	☐ Split Shift			
			☐ Other:						

4.	l. When would you be available to start working?							
5.								
6.	Are there any Hours, Shifts, Days you cannot work? Yes No If yes, please specify?							
7.	Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No							
8.		ndance standard of our compa shifts?	any, which requ	uires all emp	loyees to repo	rt for work on time for		
Ε	MPLOYMEN	NT EXPERIEN	ICE					
exp eff	perience, and periods ort to contact previous	your present or last job of unemployment and the employers, the correct te COMPLETED IN DETAIL- <u>RE</u>	he nature of lephone num	your activi bers are a	ities. Since vopreciated.	we will make every		
1.	Employer		Dates Employed		Key Responsibilities			
			From	То				
	Address			5				
	Telephone Number Supervisor's Name, Title and Telephone Number							
	Job Title							
	Reason for Leaving: R	esigned	d					
Ī			1					
2.	Employer		Dates Em	ployed To	Key R	esponsibilities		
	Address		110111	10				
			□ Full-Time	□ Part-Time	-			
	Telephone Number	d Telephone Number						
•	Job Title							
	Reason for Leaving: Resigned Laid off Discharged Why?							
Ξ	DUCATION	AND TRAIN	ING					
	TYPE of SCHOOL	SCHOOL NAME, CITY and STATE		М	AJOR	Choose Last Year		
	High School					□ 9 □ 10 □ 11 □ 12		
	Community College		From: To:	Degree: [☐ Yes ☐ No	□1 □2		
	College/University		From: To:	Degree: [☐ Yes ☐ No	□1 □2 □3 □4		
Graduate School			From:	Degree: [☐ Yes ☐ No	□1 □2 □3 □4		

To:

						T			
Business/Trad	e/Other School		From: To:	Degree:	Degree: ☐ Yes ☐ No ☐ 1 ☐]2		
EMPLOYMENT REFERENCES									
N	ame	Business Relationship		Orga	Organization/Address				
CERTI	FICATI	O N							
		HE FOLLOWING CA	REFULLY AND INIT	TAL BEFOR	E SIGNING THIS	APPLICA	TION FORM.		
	Accuracy: I here	by certify that I have	personally complete	d this applic	ation, that the an	swers give	en by me are		
Print/Typed	- true and complete, and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from								
Signed the services of Premiere Cinemas regardless of the time that has				-					
	Reference Checks: I authorize Premiere Cinemas or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and othe employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Premiere Cinemas from all liability or						ord, and other erate in such		
Print/Typed responsibility with respect to information supplied to Pre					therize and concen	t to the pro-	ouroment of an		
Investigative character,		utside company conducts such an investigation, I request, authorize and consent to the procurement of an e Consumer Report and understand that it may contain information about my background, mode of living, personal characteristics and general reputation; where the job requires a credit check, a separate							
Signed	indicated ned denied becau	n will be provided. This authorization in original or copy format, shall be valid for one year from the date at to my signature below. According to the Fair Credit Reporting Act, I will be notified if employment is use of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested ys, I will be given a full and accurate disclosure as to the nature and substance of all information provided.							
	Contingencies: Where a conditional offer of employment is made, I acknowledge it is contingent upon Premiere								
Print/Typed	criminal conviction made, a separate	ning any of the following: drug and alcohol screening, medical fitness for duty examination, ns*, and when applicable to the job a credit check. Should a conditional offer of employment be a authorization and disclosures will be provided. (*) In accordance with company policy, an ament will be made, including the information reviewed for job-relatedness and time since last							
Signed	conviction.								
	At-Will Employment: I understand that filing this application in no way assures me a position with Premiere								
Print/Typed	Cinemas, and that this application is not, and is not intended to be, a contract of employment. I understand the employed, my employment and compensation can be terminated at will, with or without cause, and with or with notice, at any time, and at the option of either Premiere Cinemas or myself. I further understand that no one of than the Owner of Premiere Cinemas has any authority to enter into any agreement for employment for					vith or without no one other			
Signed	specified period o	f time, or to make any	agreement contrary	to the forego	oing.				
Print/Typed	Signature of Applica	ant Siç	gnature of Applicant		Date				