



# Eagle Theaters Employment Application

Please print, complete and return to your local Eagle Theater manager. We keep applications on file for three months.

## Personal Data

Name: (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Can you provide proof of U.S. citizenship? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Are you 18 or over? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, how old? \_\_\_\_\_

Position Applied For: Cast Member \_\_\_\_\_ Projectionist \_\_\_\_\_ Manager \_\_\_\_\_

Referred by \_\_\_\_\_

## Education

High School \_\_\_\_\_ Dates Attended \_\_\_\_\_

Address \_\_\_\_\_

Degrees or Diplomas \_\_\_\_\_

College or University \_\_\_\_\_

Dates Attended \_\_\_\_\_ Trade or Technical Training \_\_\_\_\_

Address \_\_\_\_\_

Military Service

Branch of Service\_\_\_\_\_

Dates of Service\_\_\_\_\_

Duties/ Special Training\_\_\_\_\_

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Employment History

(Begin with most recent employer. Attach additional sheet if needed)

1. Employer \_\_\_\_\_ Dates of Employment\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Beginning Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_

Title/Duties\_\_\_\_\_

Manager's Name\_\_\_\_\_

Why Did You Leave?\_\_\_\_\_

2. Employer \_\_\_\_\_ Dates of Employment\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Beginning Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_

Title/Duties\_\_\_\_\_

Manager's Name\_\_\_\_\_

Why Did You Leave?\_\_\_\_\_

3. Employer \_\_\_\_\_ Dates of Employment\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone\_\_\_\_\_ Beginning Salary\_\_\_\_\_ Ending Salary\_\_\_\_\_

Title/Duties \_\_\_\_\_

Manager's Name \_\_\_\_\_

Why Did You Leave? \_\_\_\_\_

Personal Data

Have you been convicted of a crime (other than traffic violations) or been imprisoned during the last seven years? A conviction will not necessarily bar you from employment.

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain. \_\_\_\_\_

Names of friends or relatives employed by this company \_\_\_\_\_

Do you have any physical or mental disability that may limit your performance in the job you are applying for? If so, what can be done to accommodate your limitation? \_\_\_\_\_

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References

List three with name, number, and address.