

**Name and Address**

|                              |                        |
|------------------------------|------------------------|
| Name (First, MI, Last)       | Social Security Number |
| Mailing Address              |                        |
| City, State and Zip Code     |                        |
| Telephone                    | Alternate Phone        |
| If under 18, please list age | Email                  |

**Job Type**

**Days, hours available to work**

|   |                                    |                              |                                    |                              |   |                              |                              |
|---|------------------------------------|------------------------------|------------------------------------|------------------------------|---|------------------------------|------------------------------|
| <input type="checkbox"/> No preference        | <input type="checkbox"/> Mon       | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed       | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri                | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <b>I am seeking:</b>                          | <input type="checkbox"/> Full-Time |                              | <input type="checkbox"/> Part-Time |                              | <input type="checkbox"/> Full- or Part-Time |                              |                              |
| How many hours would you like to work weekly? |                                    |                              | Prefer Days or Nights?             |                              | Date available to begin                     |                              |                              |

**Additional Information**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Have you ever been employed by Akin Ventures or Silver Screen Magic in the past?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please explain:  |                              |                             |
| Do you have a drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Drivers License Number       | Issued in what state?       |
| Have you had any accidents in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No                       |                              | How many?                   |
| Have you had any moving violations in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No               |                              | How many?                   |

| Education  |                                     |                             |                 |                |
|--|-------------------------------------|-----------------------------|-----------------|----------------|
| School   | Location                            | Years Completed             | Major           | Degree/Diploma |
| High School  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
| College or Trade School  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
|  |                                     |                             |                 |                |
| Military   |                                     |                             |                 |                |
| Have you ever been in the armed forces?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No | Date Entered:   |                |
| Are you now a member of the national guard?  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No | Discharge Date: |                |
| Specialty:   |                                     |                             |                 |                |
| Work Experience  |                                     |                             |                 |                |
| <i>Please list all work experience, beginning with the most recent job held. Attach additional sheets if necessary.</i>        |                                     |                             |                 |                |
| Company  | Name of last supervisor             |                             | Hrs/Week        |                |
| Address  | Start Date                          | Starting Salary             |                 |                |
| City, State, Zip   | End Date                            | Ending Salary               |                 |                |
| Phone  | Your last job title at this company |                             |                 |                |
| Reason for leaving (be specific)   |                                     |                             |                 |                |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. |                                     |                             |                 |                |
| May we contact his employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                     |                             |                 |                |

**Work Experience, continued**

|                  |                                     |                 |
|------------------|-------------------------------------|-----------------|
| Company          | Name of last supervisor             | Hrs/Week        |
| Address          | Start Date                          | Starting Salary |
| City, State, Zip | End Date                            | Ending Salary   |
| Phone            | Your last job title at this company |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact his employer?  Yes  No

**Work Experience, continued**

|                  |                                     |                 |
|------------------|-------------------------------------|-----------------|
| Company          | Name of last supervisor             | Hrs/Week        |
| Address          | Start Date                          | Starting Salary |
| City, State, Zip | End Date                            | Ending Salary   |
| Phone            | Your last job title at this company |                 |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact his employer?  Yes  No

## References

*Please include name, phone number, and circumstances of your acquaintance. Relatives should generally be excluded, but if listed, must be identified as such.*

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*I understand that working at the theater is a commitment. I understand that if I accept a job at the theater, I will be expected to be on time for all of my assigned shifts, or find somebody from an approved list of other employees to fill in for me. I understand that any shift substitutions must be approved by my supervisor. I understand that the theater is open on all weekends and ALL HOLIDAYS, and that I must work my fair share of weekends and holidays. This includes even Christmas Day. These days can be especially busy, so having employees who can work those days is extremely important. If you cannot work your fair share of weekends and holidays, then you should not apply for this job.*

*I, the undersigned, understand and commit to the above. I certify that everything contained in this application is true and accurate, and I take full responsibility for all information contained in this job application. I understand that should this application be found to contain any false or misleading information, my application may be rejected or my employment terminated.*

**Signature**

**Date**