

Laemmle Theatres, LLC
An Equal Employment Opportunity Employer

California Application for Employment

PERSONAL INFORMATION

Position Applied For _____	Starting Compensation Expected _____	Date Available to Start _____	Date of Application _____	Telephone _____
Last Name (PRINT) _____	First Name _____	Middle Name _____		Alternate Telephone _____
Address _____	City _____	State/Zip _____	E-Mail Address _____	
Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO If under 18, hire is subject to verification of minimum legal age to work in the position applied for.		List other names under which you may be known to your past employers: _____ _____		
Availability: Full Time <input type="checkbox"/> YES <input type="checkbox"/> NO Part Time <input type="checkbox"/> YES <input type="checkbox"/> NO Specify days/hours: _____				
Temporary work (e.g. summer or holiday work) <input type="checkbox"/> YES <input type="checkbox"/> NO If applying for temporary work, specify period of time: _____				
Overtime <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain: _____				
Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain: _____				
Evenings <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, Explain: _____				
How did you hear about our company and this job opening? <input type="checkbox"/> Employment Agency (Name) _____ <input type="checkbox"/> Newspaper (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Previously Employed (Date) _____ <input type="checkbox"/> School (Name) _____ <input type="checkbox"/> Other _____				
Have you ever applied to work here before? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Why are you applying for work here? _____				
Are any relatives employed here (e.g., immediate family, cousins, nephews, nieces, aunts, uncles, grandchildren and in-laws)? If so, for each, please provide: Name: _____ Position: _____ : _____ Position: _____				
NOTE: We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.				
Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Will you now or in the future require sponsorship by us for employment visa status (e.g. H-1B status)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe the functions that cannot be performed either with or without reasonable accommodation. _____ _____				
NOTE: The Company complies with the Americans with Disabilities Act and the California Fair Employment and Housing Act and hires employees who are able to perform the essential functions of their jobs, with or without reasonable accommodations, without regard to any physical or mental disability.				

EDUCATION

School	Name and Address (Street, City, State, Zip Code)	Number of Years Completed	Did you graduate?	Area of Study and Degree(s) Received
High School				
College/University				
Graduate				
Vocational/Business				
Health Care Training				
Other				

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at our Company?

YES NO

If so, please explain: _____

SKILLS

Computer Experience? YES NO

Please list all relevant software with which you are proficient (include word processing, graphic, database management, spreadsheet, client accounting, etc.).

Additional Skills: Please list any skills (including translation skills) or experience with equipment, relevant to the position for which you are applying, which you would like us to consider.

EMPLOYMENT HISTORY

Are you currently employed? YES NO

If so, may we contact your current employer? YES NO

List below ALL present and past employment during the past five years, beginning with the most recent employer.

Complete all requested information, even if attaching a resume. Attach separate sheets if necessary.

Dates Employed		Name, Address and Telephone Number of Employer:
From: Mo. _____ Yr. _____	To: Mo. _____ Yr. _____	_____
Type of Business: _____		
Position(s) and duties _____		
Name and Telephone Number of Supervisor _____		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving _____		
Current employer? _____		

Dates Employed		Name, Address and Telephone Number of Employer:
From: Mo. _____ Yr. _____	To: Mo. _____ Yr. _____	_____
Type of Business: _____		
Position(s) and duties _____		
Name and Telephone Number of Supervisor _____		If current supervisor, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Leaving _____
Current employer? _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? ____ YES ____ NO

If yes, please describe: _____

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least (5) years.

Name _____
Address _____ Phone No. _____

Name _____
Address _____ Phone No. _____

EMPLOYMENT REFERENCES

List below 3 persons NOT related to you who have knowledge of your work performance within the last three years.

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

Name _____
Address _____ Phone No. _____
Occupation: _____ No. of years acquainted: _____

APPLICANT'S STATEMENT (Please read carefully, initial each numbered section as read, and sign below)

- ____ 1. I certify that all the information I have given on this application is true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I have personally completed this application. I understand that failure to provide complete information or any misrepresentation in any information that I have provided to the Company may result in no offer of employment or to termination of employment if I am employed, regardless of the time elapsed before discovery.
- ____ 2. I understand that any offer of employment is conditional, and subject to a successful completion of a background investigation on my suitability for employment. I understand that following a conditional offer of employment, the Company will provide me with both written information about my rights and shall request that I sign written authorization forms permitting a third party company to conduct an investigation in to my background. I understand that the background investigation on me may include an investigation of my references, work record, education, criminal convictions, and other matters related to my suitability for employment. I further understand that, if offered employment, should I fail or refuse to sign the authorizations for the Company's requested background investigation on me, the Company's conditional offer of employment shall be withdrawn.
- ____ 3. I understand that in the event that I am hired by the Company, my employment with the Company will be at-will, and for no definite period. I understand that "at-will" employment with the Company means that either I or the Company can end the employment relationship at any time, with or without cause and with or without advance notice. I understand that the Company may modify the terms of my employment at any time, with or without cause or notice. I understand and agree that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's authorized representative.
- ____ 4. I understand that any offer of employment will be withdrawn by the Company if I am not able to present documents proving my identity and eligibility to work in the United States. Failure to present acceptable documents within three days of commencing employment will result in termination of my employment in accordance with the terms of the Immigration Reform and Control Act. I understand that the Company will maintain copies of the documentation that I present for employment eligibility verification purposes.
- ____ 5. I certify that I have not entered into any contractual obligations that may limit or otherwise affect my ability to work for the Company. I understand that if I am hired, I may not use or disclose to the Company, any trade secret or confidential information belonging to another person, company or other entity, for any reason.
- ____ 6. **I have placed my signature in the space provided below only after I have completed the entire application form to the best of my ability, and have carefully read the statements contained in this application**

Signature of Applicant _____ Date: _____