

PREVIOUS EMPLOYMENT		
Are you currently employed? YES _____ NO _____		
Please list your employment history (most recent first)		
Dates worked From: To:	Employer (name & address - type of business)	Position
Wage? Ending: Starting:	Duties Performed	Reason for leaving?
Supervisor	Phone	May we inquire?
Dates worked From: To:	Employer (name & address - type of business)	Position
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Wage? Ending: Starting:	Duties Performed	Reason for leaving?
Supervisor	Phone	May we inquire?

This is a detail oriented job. Please write the word "pumpkin" at the bottom of this application. Applications without this word may not be considered.

The use of this form does not indicate there are any positions open and does not obligate this Company to offer you employment in the future. By signing below, you hereby authorize Laemmle Theatres to thoroughly investigate your background, references, employment record and other matters related to your suitability for employment. You authorize persons, schools, your current employer (if applicable), previous employers, and organizations contacted by Laemmle Theatres to provide any relevant information regarding your current and/or previous employment and you release all persons, schools, employers of any and all claims for providing such information. You certify to the best of your knowledge and belief, that all the statements on this application form are true and you understand that any misrepresentation, omission, or false statement is sufficient cause for dismissal. Further, by signing below, you are acknowledging that you understand and/or agree that if and when employed by this company: 1) you will be expected to perform any and all work requested by your supervisor (unless physically unable to do so) regardless of any initial job category or description; 2) the employment relationship is for no definite period and may be terminated at will by either the employer or the employee without any prior notice; 3) the information contained in this application may be disclosed to governmental agencies upon their proper request; and 4) the Company is required to carry Workers' compensation coverage for all employees and if injured on the job, you are entitled to file a claim at the Company's expense with the Worker's Compensation Appeal Board for Workers' Compensation benefits.

Signature _____ Date _____

Laemmle Theatres is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.