

**YAKIMA THEATRES INC
EMPLOYMENT APPLICATION**

SOCIAL SECURITY NO. _____

NAME _____ STREET ADDRESS _____
FIRST NAME MIDDLE INITIAL LAST NAME

APT# OR BOX _____ CITY _____ STATE _____ ZIP _____ AREA CODE _____ TEL NO. _____

ARE YOU 18 _____ YES _____ EVER WORKED IN A YAKIMA THEATRES, INC
 OR OLDER? _____ NO, IF NOT, BIRTH DATE _____ THEATRE BEFORE? _____ YES _____ NO IF YES, DATES _____

ADDRESSES _____ REASON FOR LEAVING _____

DO YOU HAVE ANY RELATIVES WORKING FOR YAKIMA THEATRES? _____ YES _____ NO,
 IF YES, NAME _____ RELATIONSHIP _____ LOCATION _____

AVAILABILITY

	F	S	S	M	T	W	T
FROM							
TO							

TOTAL HOURS AVAILABLE PER WEEK _____ HOURS

AVAILABLE

HOW DID YOU HEAR OF THE JOB? _____ HOW FAR DO YOU LIVE FROM THEATRE? _____ DO YOU HAVE TRANSPORTATION TO WORK? _____

SCHOOL MOST RECENTLY ATTENDED:

NAME _____ ADDRESS _____ CITY _____ STATE _____ PHONE _____

TEACHER OR COUNSELOR _____ DEPT _____ LAST GRADE COMPLETED _____ GRADE POINT AVERAGE _____

GRADUATED _____ YES _____ NO NOW ENROLLED _____ YES _____ NO SPORTS OR ACTIVITIES _____

TWO MOST RECENT JOBS:

1) COMPANY _____ ADDRESS _____ CITY _____ STATE _____

PHONE _____ JOB _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____ **MGMT REFERENCE CHECK DONE BY** _____

2) COMPANY _____ ADDRESS _____ CITY _____ STATE _____

PHONE _____ JOB _____

SUPERVISOR _____ DATES WORKED: FROM _____ TO _____

SALARY _____ REASON FOR LEAVING _____ **MGMT REFERENCE CHECK DONE BY** _____

PERSONAL REFERENCES:

NAME _____ NAME _____ NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

TELEPHONE _____ TELEPHONE _____ TELEPHONE _____

The information provided in this application for employment is true, correct, and complete. If employed, any misstatement, or omission of fact may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DATE _____ SIGNATURE _____