

# STARPLEX



## C I N E M A S

AN EQUAL OPPORTUNITY EMPLOYER

### EMPLOYMENT APPLICATION

**POLICY STATEMENT:** Discrimination against all individuals, including disabled veterans and veterans of the Vietnam Era regardless of race, sex, color, religion, national origin, or physical or mental disability is prohibited. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect individuals who are at least 40, but less than 70 years of age. If you believe you have been discriminated against, you may notify the Equal Employment Opportunity Commission, the Federal Communications Commission, The Employment Standards Administration or other appropriate federal or state agencies.

(PLEASE PRINT)

Date of Application \_\_\_\_\_ Position(s) Applied for/Desired: \_\_\_\_\_ /2<sup>nd</sup> Choice \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Referral Source: { } Advertisement { } Friend { } Relative { } Walk-In { } Employment Agency  
{ } Other \_\_\_\_\_

Name	Date Available to Start		
Address	Home Phone		
City State Zip	Business Phone	Ext.	May we call you there? { } Yes { } No
Social Security Number			

If employed and you are under 18, can you furnish a work permit? \_\_\_\_ Yes \_\_\_\_ No  
Have you filed an application with Starplex before? \_\_\_\_ Yes \_\_\_\_ No If yes, give date \_\_\_\_\_  
Have you ever been employed with Starplex before? \_\_\_\_ Yes \_\_\_\_ No If yes, give date \_\_\_\_\_  
Do you know anyone who works for Starplex? \_\_\_\_ Yes \_\_\_\_ No If yes, who \_\_\_\_\_  
Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No  
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
\_\_\_\_ Yes \_\_\_\_ No (Proof of citizenship or immigration status is required upon employment.)  
Are you available to work \_\_\_\_ Full Time \_\_\_\_ Part-Time \_\_\_\_ Shift Work \_\_\_\_ Temporary?  
Are you on a lay-off and subject to recall? \_\_\_\_ Yes \_\_\_\_ No  
Can you travel if a job requires it? \_\_\_\_ Yes \_\_\_\_ No  
Have you been convicted of or pled guilty to a felony? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_  
Have you ever been discharged from previous employment for cause? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please explain \_\_\_\_\_  
Are you able to perform the job functions of the position as outlined in the job description? \_\_\_\_ Yes \_\_\_\_ No  
If no, please explain \_\_\_\_\_  
Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No Number \_\_\_\_\_ State \_\_\_\_\_  
Military Experience (Do not include ROTC)  
Branch of Service \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Grade or Rank at Discharge \_\_\_\_\_  
Occupational Specialization \_\_\_\_\_ Special/Technical Training \_\_\_\_\_

**EDUCATION**

Type	Name and Location	Degrees, Diploma, or Other	Major Course of Study	Full Time	Part Time
High School					
Technical School					
College					
College					
Other					
Vocational Training <input type="checkbox"/> D.E. <input type="checkbox"/> VOE <input type="checkbox"/> Other _____			Special Accomplishments or Awards While at School:		

**PRIOR EMPLOYMENT HISTORY**

List all employment beginning with your present or last position. Please show all periods of unemployment. Information in this column must be fully completed even if employment history is supplemented by a resume.

Employer	Phone No.	Your Title
Address		Duties
From: Mo. Year	To: Mo. Year:	
Immediate Supervisor		
Base earnings: Start \$	Last \$ Per	
Reason for Leaving:		
Employer	Phone No.	Your Title
Address		Duties
From: Mo. Year	To: Mo. Year:	
Immediate Supervisor		
Base earnings: Start \$	Last \$ Per	
Reason for Leaving:		
Employer	Phone No.	Your Title
Address		Duties
From: Mo. Year	To: Mo. Year:	
Immediate Supervisor		
Base earnings: Start \$	Last \$ Per	
Reason for Leaving:		

**DISCLOSURE**

An investigative consumer report may be made of the undersigned at anytime and references contacted as to character, general reputation, personal characteristics, mode of living and eligibility for credit or employments. Then undersigned has the right to request in writing additional disclosures at the time the report is received: If from an agency, the agency's name and address will be provided or if from a source other than an agency, a complete and accurate disclosure of the nature and scope of the investigation will be provided with five days. I hereby waive my rights under the Privacy Act and similar State and Federal laws and authorize any law enforcement agency or department to provide Starplex managers with a complete copy of my criminal record.

I acknowledge that I received a copy of this disclosure in writing.

By signing my signature below, I verify the truth and accuracy of the statements made in this application. I further understand that Starplex will rely upon the accuracy of these statements in making its hiring decision.

**Signature** \_\_\_\_\_  
(Applicant)