

# KRIKORIAN PREMIERE THEATRES

(Krikorian Premiere Theatres is the dba of Reel Services Management, LLC, Metroplex Theatres, LLC and San Clemente Cinemas, LLC)

## APPLICATION FOR EMPLOYMENT

It is important that you supply all the information requested, as incomplete applications cannot be considered. Applications are accepted only when there are specific positions available which the Company seeks to fill. When completed, this application will only be active for employment consideration for thirty (30) days from the date completed, or such lesser time as it takes the company to fill the position for which you are applying. If you are not hired within the time and wish further employment consideration, you must reapply by completing a new application.

LAST NAME	FIRST NAME	INITIAL	DATE
PERMANENT ADDRESS		CITY	TELEPHONE
If hired can you provide proof of identity & legal authorization to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LESS THAN 18 YRS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	Other name(s) under which you have been previously employed?	
Ever applied to this organization before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Give Dates:	Are you willing to work overtime or flex hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of friends or relatives in this organization:			
In case of an emergency notify:			
Name		Address	Telephone: (    )

### EDUCATION

SCHOOLS	NAMES AND LOCATIONS OF INSTITUTIONS	Circle last year completed:	Graduated Y/N	Degree / Diploma
High School		1 2 3 4		
College		1 2 3 4		
College		1 2 3 4		
Other		1 2 3 4		
Honors or Awards Received:		Are you taking any additional course presently? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes what & where?		
U.S. Military duties and special training which you believe are relevant to the position desired:				

### REFERENCES

List People we may contact who are qualified to evaluate your capabilities.    ( DO NOT INCLUDE RELATIVES)							
Name	Address	City	State	Zip	Telephone	Occupation	Years Known

## Employment History

List employment in chronological order starting with current or most recent employment. List any periods of unemployment or self-employment lasting longer than one month and include comments explaining such periods. Please include part-time or summer work as well as full-time employment. You may use extra sheets for additional information.

Company Name:	Address:	Telephone	Dates Employed (mo/yr)
Type Of Business:			
Supervisors Name:	Job Title:	Base Rate Of Pay (Hr/Week/Month) Start: _____ End: _____	
Description Of Duties: _____		Reason For Leaving:	
_____		_____	
_____		May We Contact This Employer? [ ] Yes [ ] No	

Company Name:	Address:	Telephone	Dates Employed (mo/yr)
Type Of Business:			
Supervisors Name:	Job Title:	Base Rate Of Pay (Hr/Week/Month) Start: _____ End: _____	
Description Of Duties: _____		Reason For Leaving:	
_____		_____	
_____		May We Contact This Employer? [ ] Yes [ ] No	

Company Name:	Address:	Telephone	Dates Employed (mo/yr)
Type Of Business:			
Supervisors Name:	Job Title:	Base Rate Of Pay (Hr/Week/Month) Start: _____ End: _____	
Description Of Duties: _____		Reason For Leaving:	
_____		_____	
_____		May We Contact This Employer? [ ] Yes [ ] No	

## Availability

Hours Available	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

### AUTHORIZATION AND ACKNOWLEDGEMENT

I AUTHORIZE THIS EMPLOYER OR ITS DULY AUTHORIZED REPRESENTATIVE TO VERIFY ALL STATEMENTS CONTAINED IN THIS APPLICATION, TO CONDUCT ANY BACKGROUND INVESTIGATIONS DEEMED NECESSARY, AND I RELEASE FROM ALL LIABILITY WHATSOEVER ALL PERSONS, COMPANIES AND CORPORATIONS SUPPLYING SUCH INFORMATION. I EXPRESSLY AGREE TO INDEMNIFY THE COMPANY AGAINST ANY LIABILITY WHICH MIGHT RESULT FROM MAKING SUCH INVESTIGATIONS UNDERSTAND THAT ANY FALSE ANSWERS, STATEMENTS OR IMPLICATIONS MADE BY ME IN THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE.

ADDITIONALLY, I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF ANY INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE COMPANY AND MYSELF FOR EITHER EMPLOYMENT OR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS IN WRITING AND SIGNED BY THE COMPANY'S PRESIDENT. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I SHALL CONFORM TO COMPANY POLICES AND PROCEDURES. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON, AND THAT THE COMPANY RETAINS A SIMILAR RIGHT. MY SIGNATURE BELOW IS AN ACKNOWLEDGEMENT THAT I HAVE FULLY READ AND UNDERSTAND ALL EXPRESSED CONDITIONS AND TERMS IN THIS APPLICATION.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_