

## **APPLICATION FOR EMPLOYMENT**

## Please Print Clearly

Name				Date	
Address					
		State		Zip	
Phone #		Email			
Position Desired		Referred I			
Wage Desired		Start			
		PREVIOUS E	MPLOYMENT		
Start/End Date	Rate of Pay	Employer's Name & Address	Supervisor's Name	Phone	Reason for Leaving
		www.poyment			
Are you at lea	ast 16 years	of age? Yes No			<del></del>
If yes	•	least 18 years of age? Yes			
161.		e you at least 21 years of age? Yes			
		show proof of age? Yes No			
		awfully becoming employed in the		<del></del>	
		of a crime other than a misdemea s, explaint solely because of a conviction record, unless the			 e applied.
Are you curre	ently attendi	ng school? Yes No If	yes, where?		

## **DAYS & HOURS AVAILABLE**

Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday			
Are you currently employed? Yes No May we contact your employer? Yes No hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning any credit-worthiness and personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reasons of furnishing the requested information. I understand that in connection with this application, a consumer report and/or an investigative consumer report may be requested whereby information is obtained through personal interview with my neighbors, friends, or associates or with others with whom I am acquainted or who may have knowledge with respect to my character, general reputation, personal characteristics and mode of living, and hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency that furnished such reports and in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.  Understand that if employed any misrepresentation or omission of facts requested is cause for dismissal.									
Applicant Signatu	ire				Date				
<ol> <li>I understand that if hired, I will be an employee at will and that both I and this Company will have the right to terminated my employment at any time, with or without advance notice and with or without cause. This is called "employment at will" and no one other than this Company's president has the authority to alter this agreement contrary to this policy.</li> <li>I understand that this Employment Application Agreement cannot be changed except by a written document signed by me and the Company's president.</li> <li>I have been given an opportunity to ask questions about company rules and my potential employment-at-will. No representative of this Company has made any promises or other statements to me which imply that I will be employed under any other terms than stated above.</li> <li>I understand that if hired, this Employment at Will Agreement will constitute the entire agreement between me and the Company with respect to the terms and conditions under which my employment will be terminated, will be binding on me, and will supersede all other agreements between the Company and me regarding my employment.</li> <li>I understand that if hired, I will begin a 90-day probationary period with the Company.</li> </ol>									
Applicant Signature	9				Date				
DO NOT WRITE BELOW THIS LINE									
INTERVIEWED BY:DATE:									
HIRED: YES NO POSITION:									

Miller Theatres is an equal opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, age, sex, religion, national origin, disability, sexual orientation, or any other classes protected by state or local law.