

Square Theatres Employment Application

Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Email:** _____

Hours available to work (ex. 10 am - 11 pm)

Fri	Sat	Sun	Mon	Tue	Wed	Thurs

Dates available to work: Start _____ **End** _____

Position you are applying for: _____

Location(s) you are applying for: _____

Available for overtime and/or call-ins as needed: _____

Special skills / Relevant work experience: _____

Why do you want to work for a theater? _____

What previous job have you enjoyed the most and why? _____

What is "your" favorite movie? _____

What is the worst meal you've ever eaten? _____

Work history (last two years only)

Name of company: _____ **Phone:** _____

Address: _____

Position held: _____

Name of Supervisor: _____ **Start/end Dates:** _____/_____

Reason for Leaving: _____

Name of company: _____ **Phone:** _____

Address: _____

Position held: _____

Name of Supervisor: _____ **Start/end Dates:** _____/_____

Reason for Leaving: _____

Name of company: _____ **Phone:** _____

Address: _____

Position held: _____

Name of Supervisor: _____ **Start/end Dates:** _____/_____

Reason for Leaving: _____

Applicant's signature _____

Today's Date: _____