



# OASIS CINEMA

## Application for Employment

(Please Print Clearly)

Oasis Cinema is an Equal Opportunity Employer

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

ADDRESS: \_\_\_\_\_  
STREET
CITY
STATE

\_\_\_\_\_  
ZIP CODE
PHONE NUMBER
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PERSON WE MAY CONTACT IN CASE OF EMERGENCY
RELATIONSHIP
PHONE NUMBER

### EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_  FULL-TIME  PART-TIME

MARK DAYS YOU CAN WORK WITH HOURS LISTED BELOW:

FRIDAY \_\_\_\_\_  SATURDAY \_\_\_\_\_  SUNDAY \_\_\_\_\_  MONDAY \_\_\_\_\_  
 TUESDAY \_\_\_\_\_  WEDNESDAY \_\_\_\_\_  THURSDAY \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF YES, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER?  YES  NO

DO YOU KNOW ANYONE CURRENTLY WORKING FOR STADIUM THEATRES?  YES  NO IF YES, WHO IS IT AND WHAT IS YOUR RELATIONSHIP TO THEM? \_\_\_\_\_

IF HIRED, HOW WILL YOU GET TO AND FROM WORK? \_\_\_\_\_

ARE YOU OVER 18 YEARS OF AGE?  YES  NO IF HIRED, CAN YOU SHOW PROOF OF AGE?  YES  NO

IF UNDER 18, DATE OF BIRTH: \_\_\_\_\_ DO YOU SPEAK SPANISH?  Yes  No

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?  YES  NO IF YES, EXPLAIN FULLY (USE ADDITIONAL SHEET IF NECESSARY). (A CONVICTION WILL NOT NECESSARY DISQUALIFY YOU FROM EMPLOYMENT.)

\_\_\_\_\_

\_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL ** NAME OF SCHOOL ** YEARS ATTENDED ** COURSES/ACTIVITES ** STATUS: ACTIVE/GRADUATED
HIGH SCHOOL _____
COLLEGE _____
OTHER EDUCATION/TRAINING _____

Applicants: Should you be offered employment, please be prepared to present necessary documentation to verify your citizenship status. Oasis Cinema will employ only United States citizens and aliens authorized to work in the United States.

# EMPLOYMENT HISTORY

LIST BELOW: LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

Name and Address  
Of Last Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ May We Contact Your Supervisor?  Yes  No

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address  
Of Last Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ May We Contact Your Supervisor?  Yes  No

Description Of  
Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address  
Of Last Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ May We Contact Your Supervisor?  Yes  No

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please use this section to share any information you would like us to consider when reviewing your application for employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ BEFORE SIGNING

"I certify that the facts contained in this application are true to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from any damage that may result from utilization of such information."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_