

CINEMA ST. LOUIS

Employment Application

Employee/Contract Worker Information:

Name _____

Position with CSL _____

Contact Email _____

Contact Phone _____

Have you ever been convicted of a felony?

YES (please explain): _____

NO

What is your date of birth? _____

Availability: In the boxes provided, please indicate when you CAN work each day of the week.

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
I can arrive for work at:							
I must leave work at:							
Are you seeking full or part-time employment? _____ How many hours each week would you like to work? _____							

Education Information:

High School _____ (name and year completed)

College _____ (name and year completed)

Employment Information: May we contact your current employer? _____

Previous Employer Name _____ Dates _____

Supervisor Contact Information _____

Reason for Leaving _____

Previous Employer Name _____ Dates _____

Supervisor Contact Information _____

Reason for Leaving _____

I certify that all information provided is accurate and complete to my knowledge.

In the event of employment, I understand that false or misleading information may result in discharge.

Employee/Contract Worker Signature

Date