# AMBLER THEATER JOB APPLICATION – Staff Position

Name:	Date:
Address:	
Telephone:	E-mail:
Date of Birth:	Preferred Pronouns:
Method of Transportation to/from work:	
Why do you want to work at the Ambler Theater?	
Have you ever worked at a movie theater before?	(If yes, please list):
Do you know anyone who works(ed) at the Amble	er? (If yes, please list):
Have you ever applied here before? □ Ye	s 🗆 No
	AVAILABILITY
Please check all shifts you are available to work.	Shift times listed are approximate.
If you are a student, please fill out what your avail additional clarification on your availability in any e	ability will be while school is in session. You are welcome to include mpty space.
What date can you start working?	
How many shifts would you prefer to work per wee	ek?
If you're a high school student, when could you ar	rive after school on weekdays?

	Monday	Tuesday	Wednesday	Thursday	** Sunday **
9AM-5PM					
12-9PM+					
4:30-9PM+					

	Friday	Saturday
8:30AM-2PM		
12-8PM		
3 (Fri after school)-10PM		
5PM-12AM		

## **INTERESTS**

If you could have any job in the world (excluding this one) what would it be?				
What movies have you seen recently at the Ambler Theater?				
What are three of your favorite films?				
1				
2				
3				
What is your favorite "bad" movie?				
What are some of your non-movie interests?				
Do you have any special skills or training? (Please list)				

#### **EDUCATION**

	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Other				

#### **PRESENT & FORMER EMPLOYERS**

Please list your three most recent employers, starting with your current or previous job.

Month & Year	Name, Address, & Contact Info of Employer	Salary	Position	Reason for Leaving
From:				
То:				
From:				
То:				
From:				
То:				

May we inquire of your present employer? □ Yes

□ No

### **PERSONAL REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

Please do not include as references any past employers who are already listed above.

Name	Email & Phone #	Relationship	Years Known		
Have you ever been arrested or convicted of a crime?   Yes   No  (if yes, please provide additional details and explanation on the back of this page)  AUTHORIZATION					
"I certify that the facts contained in this application are true and complete 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 statement contained herein and the references and employers listed above to give you any and all information concerning my previou employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."					
Signature		 Date			