

# Myrtle Beach IMAX Theater LLC

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Name _____ <small style="display: flex; justify-content: space-around; width: 100%;">Last                  First                  MI</small>		Date _____ / _____ / _____	Social Security No. _____ - _____ - _____
Address _____ <small style="display: flex; justify-content: space-between; width: 100%;">Street                                  City                                  State                                  Zip</small>			
Phone No _____	18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you submit proof of legal right to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			

EMPLOYMENT DESIRED			
Full time Yes <input type="checkbox"/> No <input type="checkbox"/>	Part time Yes <input type="checkbox"/> No <input type="checkbox"/>	Holidays and Weekends Yes <input type="checkbox"/> No <input type="checkbox"/>	
Willing to work any shift Yes <input type="checkbox"/> No <input type="checkbox"/>		Shift preferred _____	
Position Desired _____		Salary desired _____	
Currently employed Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact current employer Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date you can start _____		Prior application to this company Yes <input type="checkbox"/> No <input type="checkbox"/>	
Referred by _____			

EDUCATION	Name and Location of School	Years Completed	Graduate
High School		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY (List employers starting with most recent first)			
Date	Name and Address of Employer	Position/Wage	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

Which job did you like best? \_\_\_\_\_ Why? \_\_\_\_\_

<b>GENERAL</b>	
Special skills, interests and activities	
<small>Exclude items which indicate race, creed, sex, age, marital status, color, or national origin</small>	
US Military or Naval Service _____	Rank _____
Current Membership in Nat'l Guard/Reserves    Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever convicted of a felony    Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>REFERENCES</b>		
<b>(Give the names of three persons not related to you, whom you have known at least one year)</b>		
Name	Address	Years Known

In case of emergency notify: \_\_\_\_\_  
Name
Address
Phone

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or my company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

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

<b>DO NOT WRITE BELOW THIS LINE</b>			
Interviewed by _____	Date _____		
Remarks			
Hired    Yes <input type="checkbox"/> No <input type="checkbox"/>	Position _____	Department _____	
Wage _____	Hours _____	Date to begin _____	
Approved _____			