



WEHRENBURG THEATRES

Employment Application

(An Equal Opportunity Employer)

PERSONAL (Please print using ball point pen)

FULL NAME	Last	First	Middle	Date
PRESENT ADDRESS	Street	City	State	Zip
Home Phone	Cell Phone	Best Time To Call		Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you at least 21 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are any family members or friends employed at Wehrenberg? Yes No
 If Yes, please identify person and location _____

EMPLOYMENT

POSITION DESIRED: _____ WORK SCHEDULE DESIRED _____ HOURS/WEEK

DATE AVAILABLE FOR WORK - _____ FULL TIME PART TIME SALARY EXPECTED - \$ _____ PER _____

Have you ever been employed by Wehrenberg Theatres Yes No If "Yes", where? _____ From _____ To _____ How referred to us? _____

Have you ever been convicted of a Felony?* Yes No If "Yes", when? Mo. _____ Yr. _____ Explain _____

* Conviction of a felony will not necessarily disqualify an applicant from employment. The applicant is not obligated to disclose sealed or expunged records of conviction or arrest.

PLEASE INDICATE THE DAYS AND HOURS YOU ARE AVAILABLE TO WORK:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

As you complete the above grid, please keep in mind other regular commitments you may have. Theatre operating hours can be from 9:00 a.m. to midnight (or later) 365 days per year. Completion of this schedule does not guarantee the actual hours you will work. Do you have reliable transportation? Yes No

IDENTITY AND EMPLOYMENT ELIGIBILITY VERIFICATION

When requested, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

EMPLOYMENT EXPERIENCE

GIVE PAST EMPLOYMENT AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR PRESENT OR LATEST EMPLOYER, INCLUDE SUMMER EMPLOYMENT.

	MO.	YR.	EMPLOYER'S NAME & ADDRESS-CITY-STATE-ZIP	Name & Title of Immediate Supervisor	Last Position You Held & Salary	Reason for Leaving
From			Employer			
To			Address Telephone			
From			Employer			
To			Address Telephone			
From			Employer			
To			Address Telephone			

Employment Application

EDUCATION

SCHOOLS	NAME AND ADDRESS OF SCHOOL OR COLLEGE	MAJOR STUDIES	No. Years Attended	Graduate?
HIGH SCHOOL				
COLLEGE TRADE OR BUSINESS SCHOOL				

U.S. MILITARY

Branch of Service	Type of Duty
What specialized training did you receive?	
What type of discharge?	

REFERENCES

GIVE NAME OF THREE PERSONS NOT RELATED TO YOU. THESE PEOPLE SHOULD HAVE KNOWN YOU FOR SEVERAL YEARS.

FIRST & LAST NAME	ADDRESS STREET, CITY, STATE, ZIP	OCCUPATION	NUMBER OF YEARS ACQUAINTED
	Telephone		
	Telephone		
	Telephone		

In Case of Emergency, Notify: _____
Name
Address
Phone

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. Upon employment, I will submit genuine documentation that establishes my identity and authorization to be legally employed within the United States.

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 my prior employers or employment references may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice by either party. I understand and agree that Wehrenberg Theatres employment policies, manuals and handbooks are not express or implied contracts and that these documents and the wages, benefits and other terms and conditions of employment may be changed from time to time at Wehrenberg's discretion and without notice to me.

NOTE TO APPLICANT: BY SIGNING THIS APPLICATION FORM YOU ARE ATTESTING THAT YOU HAVE FULLY READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE-STATED INFORMATION.

Date: _____ Signature: _____

APPLICANT QUESTIONNAIRE: VOLUNTARY INVITATION TO SELF-IDENTIFY RACE/ETHNICITY

What is your gender?

Male

Female

Theatre Location: _____

Mg Pj

What is your race/ethnicity? You may mark only one box.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.
- Asian (not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (not Hispanic or Latino)**

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.

Wehrenberg Theatres is subject to certain governmental recordkeeping and reporting requirements which require Wehrenberg Theatres to invite applicants to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. When reported, data will not identify any specific individual.