

NCG

NEIGHBORHOOD CINEMA GROUP

EMPLOYMENT APPLICATION

NAME _____ ADDRESS _____
last first

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ DRIVERS LICENSE # _____

APPLYING FOR: _____ FULL TIME _____ PART TIME HOURS DESIRED PER WEEK _____

ARE YOU 18 OR OLDER? _____ WHEN ARE YOU ABLE TO START? _____

HOW FAR DO YOU LIVE FROM THE CINEMA? _____

EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____ NO _____ YES

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____ NO _____ YES

IF SO, PLEASE STATE CITATION, DATE AND PLACE WHERE OFFENSE OCCURRED. _____

EDUCATION HISTORY

HIGH SCHOOL ATTENDED _____ HOW LONG? _____ GRADUATE? _____

COLLEGE ATTENDED _____ HOW LONG? _____ GRADUATE? _____

PREVIOUS WORK EXPERIENCE

FROM: _____ TO: _____	EMPLOYER: _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR'S NAME: _____	PHONE NO. () _____
REASON FOR LEAVING? _____	SUMMARIZE THE NATURE OF YOUR WORK: _____
WAGE: _____	

FROM: _____ TO: _____	EMPLOYER: _____
JOB TITLE: _____	ADDRESS: _____
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WAGE: _____	

MAY WE CONTACT THE EMPLOYERS LISTED? _____ YES _____ NO

IF NOT, WHICH ONE(S)? _____

