

Avon Theatre Film Center
 Application for Employment
 An Equal Opportunity Employer

Name (Last, First, Middle): _____ Date: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Other Phone: _____
 E-Mail _____ Are you over 18? _____
 Wage Desired: _____ Date You Can Start: _____

Days and Hours Available						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have customer service experience? Yes: _____ No: _____
 Can you work most weekends? Yes: _____ No: _____

List Your Education History			
Level	List Where	How Many Years Attended?	Did You Graduate?
High School			
College			
Other			

Have you ever been convicted of a crime? Yes: _____ No: _____
 If yes, please provide details: _____
 Have you ever worked in a movie theatre? Yes: _____ No: _____
 If yes, which theatre and when? _____
 Are you currently employed? Yes: _____ No: _____
 If yes, may we contact you current employer? _____

List All Previous Employment				
From/To	Rate of Pay	Place of Employment and Supervisor	Phone	Reason For Leaving – Include whether you were terminated or left voluntarily

I understand that if employed any misrepresentation or omission of facts requested is cause for dismissal.

Applicant Signature: _____ Date: _____