

# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST, FIRST, MI)		SOCIAL SECURITY NO.	DATE:	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY		
EMAIL ADDRESS				
Emergency Contact	Name:	Relationship:	Phone Number:	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?      YES      NO	IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER?      YES      NO	
EVER APPLIED TO THIS COMPANY BEFORE?      YES      NO		
ARE YOU RELATED TO A CURRENT EMPLOYEE?      YES      NO	Name of employee:	

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AVAILABILITY: please fill in all times you are able to work each day.

<u>Day</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
<b>From:</b>							
<b>To:</b>							

Holidays: Yes or No.

Comments: \_\_\_\_\_

Are you currently collecting Workman's Compensation?	Yes	No
Are you currently collecting Unemployment Compensation	Yes	No
Is there any reason you would not be able to perform duties normally assigned, i.e. lifting up to 50 pounds, sweeping, mopping and climbing stairs?	Yes	No
Have you ever plead "guilty," "no contest," or been convicted of a crime?	Yes	No
Date: _____		If yes,
Details: _____		
_____		

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 statements contained herein, including but not limited to: background and reference checks. I shall provide you with any and all information concerning my previous 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 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

To all new employees:

It is our policy to do drug testing and/or a background check on all new hires for the Regency 8 Cinema. Please sign and return the enclosed paperwork along with your application to our manager.

If you are under the age of 18, your parent must accompany you to your screening and they must sign the consent form to allow your testing before you are permitted to report to work.

Our goal is to provide a safe, comfortable and enjoyable place for everyone to work. We value our employees and believe that this is just one step in providing a quality work environment.

Sincerely,

Liz Henry  
Regency 8 Cinema

**SCREENING AGREEMENT & RELEASE FORM**

First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Other Name/Dates names were used \_\_\_\_\_  
Soc.Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers Lic. No/State \_\_\_\_\_  
Current Address \_\_\_\_\_ Bldg./Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
I have been at this address since (mo/yr) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

**CONSUMER REPORT / CRIMINAL BACKGROUND CHECK**

I hereby authorize Regency 8 Cinema, its affiliates, Intellus, and their designated agents and representatives to conduct a comprehensive review of my background and generate an investigative consumer report to aid in consideration of my employment or assignment application. I understand that the scope of the investigative consumer report may include, but not limited to the following:

- Verification of Social Security Number.
- Verification of current and prior residence address.
- Criminal records search in any court or agency in any or all district, state, or county jurisdiction.

- Verification of employment history.
- Verification of birth records.
- Check of motor vehicle records, including registration and traffic citations.
- Search of other courts or public records.
- Interviews with third parties relatives to my character, reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and any law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Regency 8 Cinema, its affiliates, Intellus, or their agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, including information or data that may have been received from other sources.

I hereby release the Social Security Administration, Regency 8 Cinema, its affiliates, Intellus, or their agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release.

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

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

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Other Name/Dates names were used \_\_\_\_\_  
 Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers' Lic. No/State \_\_\_\_\_  
 Current Address \_\_\_\_\_ Bldg./Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 I have been at this address since (mo/yr) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 (\_\_\_\_) \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_  
 Have you ever smoked cigarettes? \_\_\_\_\_  
 If so, how long ago did you quit? \_\_\_\_\_

**DRUG USE & TESTING**

I understand that Regency 8 Cinema prohibits use of illegal drugs and is a Smoke Free Workplace. I have agreed to provide a urine, blood, hair or saliva specimen (as permitted by law) to be tested for the presence of drugs, nicotine and alcohol or prescription medication taken without a prescription. I understand and agree that such a test may take place prior to and/or during my employment, as a condition of assignment to certain job positions, or if there is any reasonable suspicion of any drug or alcohol use. I understand that company policy requires a drug and alcohol test after any/all on-job accident or injury.

I hereby authorize and give full permission to all acknowledge my understanding that a positive drug test or refusal to submit to a required drug test means I will not be hired and is grounds for dismissal if I am already employed by Regency 8 Cinema, I agree to hold harmless, meaning I will not sue or hold responsible, Regency 8 Cinema or its agents, clients, or any clinic, individual or test product manufacturer that may conduct or provide a drug or alcohol test from any and all alleged harm or claims resulting from such a test, even if in error, and from any action taken on the basis of test results, including refusal, withdrawal or termination of a job offer or position.

Signature (applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (guardian) \_\_\_\_\_ Date \_\_\_\_\_

**BACKGROUND INFORMATION FORM**

Regency 8 Cinema

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Criminal conviction will not automatically disqualify an Applicant from employment with Regency 8 Cinema. We consider the number and nature of offense(s), when it occurred, present legal status and recent history among other factors.

**In respect to your privacy, all information will be held in strict confidence.**

Please provide information below on felony charges of which you were convicted or pled nolo contendere (no contest):

<b>State of Information</b>	<b>Most Recent Conviction</b>	<b>Prior Conviction</b>	<b>Earlier Conviction</b>
Criminal Charge			
Your Plea (guilty, not guilty, no contest)			
Date of conviction or disposition			
Location of Court (City and State)			
Sentence			

Current Status			
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Have you ever been convicted of felonies other than those listed above?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Are any criminal charges or civil claims now pending against you?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

Are you currently on probation or parole, under court ordered restrictions or the supervision of a court?

Yes  No

If yes, please provide the name and telephone number of the Officer to whom you report:

Officer Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

By signing below, I declare and certify that the information above is true and accurate to the best of my knowledge. I understand and accept that any false or inaccurate representation of information will result in withdrawal of any job offer or termination of my employment, even if discovered later. I hereby release and authorize Regency 8 Cinema to contact police agencies, courts and/or probation/parole offices to confirm any information I have provided above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_