



## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

NAME (Last Name, First Name)

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE # EMAIL  
(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

REFERRED BY

\_\_\_\_\_

Can You Provide Verification Of Your Legal Right To Work? Yes  No

### JOB DATA

Positions Applying For (<sup>1</sup> Restaurant Location Only): \*

- |                                                   |                                                   |                                                 |                                                          |
|---------------------------------------------------|---------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Floor Staff              | <input type="checkbox"/> Greeter                  | <input type="checkbox"/> Assistant Manager      | <input type="checkbox"/> Restaurant Manager <sup>1</sup> |
| <input type="checkbox"/> Dishwasher <sup>1</sup>  | <input type="checkbox"/> Food Runner <sup>1</sup> | <input type="checkbox"/> Busser <sup>1</sup>    | <input type="checkbox"/> Server <sup>1</sup>             |
| <input type="checkbox"/> Prep Cook <sup>1</sup>   | <input type="checkbox"/> Line Cook <sup>1</sup>   | <input type="checkbox"/> Sous Chef <sup>1</sup> | <input type="checkbox"/> Kitchen Manager <sup>1</sup>    |
| <input type="checkbox"/> Bar Manager <sup>1</sup> |                                                   |                                                 |                                                          |

Other: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Days And Hours You Will Be Able To Work:

	F	S	S	M	T	W	T
Start Time:	_____	_____	_____	_____	_____	_____	_____
End Time:	_____	_____	_____	_____	_____	_____	_____

List Any Reason(S) Why We May Not Expect Regular Attendance From You: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

	Name & Location	Course Of Study	Yrs. Completed	Graduated
High School,	_____	_____	_____	Yes / No
College	_____	_____	_____	Yes / No
Or Other	_____	_____	_____	Yes / No

**SKILLS/QUALIFICATIONS**

List Relevant Skills, Certification Or Qualifications You Have For The Job: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Company Name, Address & Phone:

\_\_\_\_\_  
Supervisor Salary \$ Dates: From To

\_\_\_\_\_  
Job Title & Duties:

\_\_\_\_\_  
Reason For Leaving:

\_\_\_\_\_  
Company Name, Address & Phone:

\_\_\_\_\_  
Supervisor Salary \$ Dates: From To

\_\_\_\_\_  
Job Title & Duties:

\_\_\_\_\_  
Reason For Leaving:

\_\_\_\_\_  
Company Name, Address & Phone:

\_\_\_\_\_  
Supervisor Salary \$ Dates: From To

\_\_\_\_\_  
Job Title & Duties:

\_\_\_\_\_  
Reason For Leaving:

\_\_\_\_\_

**REFERENCES**

Name, Address & Phone:

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Relationship:	Years Known:
_____	_____

Name, Address & Phone:

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Relationship:	Years Known:
_____	_____

Name, Address & Phone:

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Relationship:	Years Known:
_____	_____

**BY SUBMITTING THIS DOCUMENT, YOU ARE ATTESTING TO THE ACCURACY AND TRUTHFULNESS OF YOUR ANSWERS AND AGREE TO THE FOLLOWING STATEMENT. PLEASE READ CAREFULLY.**

I certify that I have not knowingly withheld or falsified any information on this application and understand that it is subject to verification. I authorize reference verification. I also understand and agree that if employed by Cinema West, or its affiliates, any falsification, misrepresentation or omission on this application, supplemental material, or during my interview(s) is sufficient reason for dismissal. Should I be employed by Cinema West, or its affiliates, I understand that my employment is "at-will" with no fixed term and may end at the option of either the employer or myself with or without notice. I understand that Cinema West and its affiliates are equal opportunity employers and make employment offers based on qualifications only, without regard to race, religious creed, color, national origin, ancestry, sex, sexual preference, age (40 and over), marital status, physical or mental handicap or condition. I acknowledge that I have read and understand the above. I Acknowledge That I Have Read And Understand The Above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Bring Or Mail Your Completed Application For Employment To Our Theater Locations:

**Angels 6 Theatres**  
1228 S. Main St  
Angels Camp, CA 95222

**Civic Plaza 12**  
PO Box 401783  
Hesperia, , CA 92340-1783

**Fairfax 6 Theatres**  
9 Broadway  
Fairfax, CA 94930-1622

**Livermore 13 Cinemas**  
PO Box 83  
Livermore, CA 94551-0083

**Palladio 16 Cinemas**  
PO Box 393  
Folsom, CA 95763-0393

**Sonoma 9 Cinemas**  
200 Siesta Way  
Sonoma, CA 95476-4451

**Tiburon Playhouse 3**  
40 Main St.  
Tiburon, CA 94920-2508

**Backstage Bistro (Restaurant Location)**  
3711 East Longwing Ln  
Meridian, ID 83646-1026

**Boulevard 14 Cinemas**  
200 C Street  
Petaluma, CA 94952-3070

**Contra Costa Stadium Cinemas**  
555 Center Avenue  
Martinez, CA 94553-4639

**Fortuna 6 Theatres**  
1241 Main Street  
Fortuna, CA 95540-2125

**Magic Valley Cinema 13**  
PO Box 5372  
Twin Falls, ID 83303-5372

**Palladio LUXE Cinema (Restaurant Location)**  
PO Box 393  
Folsom, CA 95763-0393

**State Theatre**  
322 Main Street  
Woodland, CA 95695-3205

**Veranda LUXE Cinema (Restaurant Location)**  
2035 Diamond Boulevard  
Suite 150  
Concord, CA 94520

**Village Cinema**  
3711 East Longwing Ln  
Meridian, ID 83646-1026