

**SALEM DIGITAL CINEMA
APPLICATION FOR EMPLOYMENT**

Please Print

Name _____ Date _____

Street _____ City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

EMPLOYMENT RELATED

Indicate the position for which you are applying: _____

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Have you previously applied for employment here? Yes No If yes, when? _____

Have you previously been employed by this company or its subsidiaries? Yes No If yes, when?

Do you wish to work: Full Time; Part Time; Temporarily? If part time, specify hours or days:

What is your minimum compensation required? (select one) _____ Hourly

Date available for work _____

Do you have any commitments that might otherwise affect your employment with us?

Where did you hear about position? _____

EDUCATIONAL DATA

School	Print Name, Address, City, State and Zip	No. of years completed	Type of Degree or Major
High School	_____		

College	_____		

Graduate School	_____		

Trade, Bus. Or Night	_____		

Other	_____		

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application if necessary). May we contact these employers? Yes No

Employer	Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name _____	
Address		Your Job Title:	
Telephone			
Duties:			
		Starting Wage	Ending Wage
Reason for leaving:			
<hr/>			
Employer	Employed From _____ Mo/Yr To _____ Mo/Yr	Supervisor's Name _____	
Address		Your Job Title:	
Telephone			
Duties:			
		Starting Wage	Ending Wage
Reason for leaving:			
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Address		Your Job Title:	
Telephone			
Duties:			
		Starting Wage	Ending Wage
Reason for leaving:			

GENERAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as work experience, articles/books published, activities, accomplishment, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If yes, explain:

Have you ever been convicted of a criminal offense? Yes No If yes, please explain: (HR Dept. may discuss with you.) Date _____ Place _____ Nature _____
(An affirmative answer will not automatically disqualify you from being considered for employment.)

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation _____

Briefly describe your duties: _____

REFERENCES (Not employers or relatives-----at least three)

Name & Address	Occupation	Phone

AGREEMENT

(Please read the following statement carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and any accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date

Equal Opportunity Employer

JUNE, 2014