

PARAMOUNT THEATRE OF THE ARTS, INC.

A California non-profit corporation

Application for Employment

IMPORTANT: Please read the entire form before you begin filling it out. Answers should be typed or printed legibly. This application must be accurately completed in its entirety and is subject to verification before any offer of employment may be considered. Resumes will not be accepted in lieu of any information required on this form.

<i>Personal:</i>			
Last Name	First	Middle	Phone Number: Area Code Number () -
Address:			City State Zip
Have you ever used a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name:			Social Security Number:
Are you under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			How, or by whom were you referred to the Paramount Theatre: (Please list Name, Publication or Agency)
Have you previously been employed by the Paramount Theatre? <input type="checkbox"/> Yes <input type="checkbox"/> No Position Held: From (Mo./Yr.) To (Mo./Yr.)			Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position or type of work desired (include shift preferences)			
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Date available	Salary Expected	\$
	Hourly	<input type="checkbox"/>
	Monthly	<input type="checkbox"/>
	Yearly	<input type="checkbox"/>

AN EQUAL OPPORTUNITY EMPLOYER

<i>Experience:</i>			
List all employment for the last ten years, beginning with the most recent including part-time and self-employment. Also account for periods of unemployment:			
1	Employer	Type of Business	From (Mo./Yr.) To (Mo./Yr.)
	Address	City State Zip	Starting Base Pay (Circle) Hr./Mo./Yr.
	Name and Title of Supervisor	Telephone Number () -	Final Base Pay (Circle) Hr./Mo./Yr.
	Starting Position	Last Position	Other Compensation:
	Description of Duties: _____ _____ _____		Reason for Leaving:
2	Employer	Type of Business	From (Mo./Yr.) To (Mo./Yr.)
	Address	City State Zip	Starting Base Pay (Circle) Hr./Mo./Yr.
	Name and Title of Supervisor	Telephone Number () -	Final Base Pay (Circle) Hr./Mo./Yr.
	Starting Position	Last Position	Other Compensation:
	Description of Duties: _____ _____ _____		Reason for Leaving:
	Employer	Type of Business	From (Mo./Yr.) To (Mo./Yr.)

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Address	City	State	Zip	Starting Base Pay (Circle) Hr./Mo./Yr.
Name and Title of Supervisor		Telephone Number () -		Final Base Pay (Circle) Hr./Mo./Yr.
Starting Position	Last Position			Other Compensation:
Description of Duties: _____ _____ _____				Reason for Leaving:

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Employer	Type of Business			From (Mo./Yr.) To (Mo./Yr.)
Address	City	State	Zip	Starting Base Pay (Circle) Hr./Mo./Yr.
Name and Title of Supervisor		Telephone Number () -		Final Base Pay (Circle) Hr./Mo./Yr.
Starting Position	Last Position			Other Compensation:
Description of Duties: _____ _____ _____				Reason for Leaving:

List the names and relationships of any individuals employed by the Paramount Theatre who you know:

Will you relocate if necessary?

Yes No

Have you ever been convicted of a felony? (Record of conviction will not necessarily disqualify the applicant from employment consideration)

Yes No If yes, give date and explain.

Education:

Type of School	Name and address of School	Number of years attended	Major selected	Graduated?		Degree
				Yes	No	

High School

College/University

Graduate School

U.S. Military Service School (Name)	Location	Course	From (Mo./Yr.)	To (Mo./Yr.)

Apprentice, Business or Technical Schools (Name) Location	Course	From (Mo./Yr.)	To (Mo./Yr.)
Certificate/diploma received? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List Licenses Held: (Professional Engineer, Electrician, etc.)

List job-related organization, clubs, professional societies or other association which you belong (Not those denoting race, religion, creed, national origin, color, marital status, ancestry, sex, disability, medical condition, or age):

References:

May we contact your present employer? Yes No
 May we contact your previous employers? Yes No

Name three or five Business references not related to you.

Name	Relationship to you	Company Name	Yrs known	Phone
				()
				()
				()
				()
				()

IMPORTANT: Thank you for your interest in employment with the Paramount Theatre of the Arts, Inc. The Paramount Theatre is an equal opportunity employer. We comply with all applicable federal, state, and/or local laws which prohibit discrimination in employment based on race, religion, creed, national origin, color, marital status, ancestry, sex, disability, medical condition, age, veteran’s status or sexual orientation. Information supplied in this application will not be used to discriminate against any individual in any manner.

Any offer of employment will be contingent on the submission of proof of your eligibility to work in the United States and signing the Paramount Theatre’s At- Will Employment, a copy of which is attached hereto for your reference.

Acknowledgement: I hereby certify that the information contained on or submitted with this application is true and accurate. I authorize the Paramount Theatre to contact any of

my schools or former employers, except those I have indicated, for a complete account of their experience with me and I do unconditionally release all parties from liability for any damage that may result from furnishing this information to you. I understand that if I am employed, any misrepresentation or material omission of facts on this application form or other employment documentation is sufficient cause for dismissal.

I have read, understood, and agree to the above statements.

Signature of Applicant: _____ Date: _____