



Elttaes Theatres, LLC.
Employment Application

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation or preference, marital or veteran status, or the presence of any mental, physical or sensory disability.

Please Print Clearly Or Type All Information

Date of application _____ Position(s) applied for _____

Name _____
Last First Middle

Address _____
Street City CountyState Zip Code

_____ How long at this address? _____
Telephone Number From (Mo/Yr) To (Mo/Yr)

Previous Address _____
Street City CountyState Zip Code

Years at Previous Address From (Mo/Yr)to (Mo/Yr)_____

Do you meet the minimum age requirement of work in the State in which you would be employed? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Do you have the right to work and remain in the United States? Yes No

I understand that any offer of employment is conditioned upon satisfactory proof of the applicant's identity and legal ability to work in the United States, and completion of a background and screening investigation of my application. Elttaes Theatres will hire only individuals who are legally able to work in the United States.

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recalls? Yes No

Can you perform the essential functions of the position as described with or without reasonable accommodation? Yes No

Have you been convicted of a felony in any jurisdiction within the last seven years?
(A conviction may not necessarily bar you from employment.) Yes No

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If yes, please explain _____

Have you ever had a worker's compensation claim denied or been convicted of worker's compensation fraud? ρ Yes ρ No

If yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Be sure to account for all periods of time including military service and any period of unemployment. Use an additional sheet if necessary.

| Date Mo/Yr | Complete Name/ Address of Employer | Salary | Position | Reason for Leaving |
|-----------------------|---|---------------|-----------------|-------------------------------|
| From To | | | | |
| From To | | | | |
| From To | | | | |

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

| | High School | College/University | Other/Years Completed |
|-------------------------------------|--------------------|---------------------------|----------------------------------|
| School Name City/State | | | |
| Number Years Completed | | | |
| Diploma/Degree | | | |
| Describe Course of Study | | | |

State any additional information you feel may be helpful to us in considering your application:



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Give complete names, addresses, and telephone numbers of three references who are not related to you and are not previous employers:

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, any false statement, material omission of fact, or material misrepresentation on this application shall be grounds for immediate dismissal or rejection of the application.

Please initial _____

If employed, I agree to abide by all policies and procedures and accept the rules of employment for Elttaes Theatres, LLC.

Please initial _____

I understand that Elttaes Theatres, LLC considers substance (**Drug and Alcohol**) abuse as a serious matter and that it will not employ anyone participating in the unlawful possession, use or distribution of drugs. I certify I am not selling, manufacturing distributing, using, swallowing, smoking, inhaling or injecting any illegal drugs or prescription drugs except as may be prescribed by a licensed physician.

Please initial _____

I understand that Elttaes Theatres, LLC is a smoke-free work environment and if employed, will abide by the policy of **No Smoking** in any owned or leased property of Elttaes Theatres, LLC.

Please initial _____

I understand that if hired all employment is at will and may, regardless of any stated frequency of my wages or salary, be terminated by notification from either party at any time with or without cause without prior notice.

Please initial _____

By executing this employment application, I hereby give my permission and consent for Elttaes Theatres, LLC, its agents, servants, and representatives, to conduct a full pre-employment background and screening investigation that may include information as to my character, work habits, performance, and experience. I further understand that this investigation may also determine the circumstances or reasons behind my termination from any past employment, and that Elttaes Theatres, LLC may employ the services of experts in the field of computerized on-line database investigative services, or request information about me from public, private and proprietary sources that relates to my past litigation, driving record, local, state or Federal criminal record, education, financial history, credit, occupational licenses and past employment history.

Please initial _____

I also hold harmless, and forever discharge Elttaes Theatres, LLC, its agents, servants, and representatives, from any liability for information it obtains from outside sources.

Signature of Applicant

Date



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Employment Inquiry Release

Company: _____

Phone: _____

In connection with my application for employment (including contract for service) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including felony convictions within the past seven years, consumer credit, motor vehicle and other reports. These reports will include information on experience along with reasons for termination of employment from my previous employers if such termination ever occurred. Furthermore, I understand that you will be requesting information from various Federal, state, and other agencies which maintain records and database information concerning the aforementioned background search areas. I authorize without reservation or hesitation, any party or agency contacted by Elttaes Theatres, LLC, its agents, servants, or representatives, to furnish said parties the aforementioned information. This authorization and consent shall be valid in original, fax or copy form.

Applicant's Signature: _____

Date: _____