



APPLICATION FOR EMPLOYMENT

Please print and complete this form. Applications may only be presented for consideration at your local New Vision Theatres location.

PERSONAL INFORMATION

Please print all information requested except signature

DATE _____

LAST NAME _____ FIRST NAME _____ MI _____

CURRENT ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A CERTIFICATE TO WORK _____ YES _____ NO

HAVE YOU APPLIED FOR WORK HERE BEFORE _____ YES _____ NO IF YES, GIVE DATE _____

HAVE YOU EVER BEEN EMPLOYED BY NEW VISION BEFORE? _____ YES _____ NO

IF YES, WHAT LOCATION? _____

FROM WHAT DATE _____ TO LAST DAY WORKED _____ POSITION HELD _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY, STATE NAME(S) _____

EMPLOYMENT INFORMATION

POSITION APPLYING FOR _____

TYPE OF EMPLOYMENT DESIRED – CIRCLE ONE FULL-TIME PART-TIME

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____ YES _____ NO

CAN YOU WORK WEEKENDS? _____ YES _____ NO CAN YOU WORK HOLIDAYS? _____ YES _____ NO

IF HIRED, WHEN CAN YOU BEGIN WORK _____ EXPECTED SALARY _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES? _____ YES _____ NO IF YES, GIVE DATES _____

ARE YOU A MEMBR OF THE NATIONAL GUARD? _____ YES _____ NO IF YES, GIVE DATES _____

TYPE OF DISCHARGE _____ SPECIALTY _____

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FORMER EMPLOYERS

(PLEASE LIST YOUR WORK HISTORY FOR THE PAST SEVEN YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD.)

NAME OF EMPLOYER _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE NUMBER _____ FROM _____ TO _____ POSITION HELD _____

SUMMARIZE JOB DUTIES _____

STARTING SALARY _____ ENDING SALARY _____ SUPERVISOR _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE NUMBER _____ FROM _____ TO _____ POSITION HELD _____

SUMMARIZE JOB DUTIES _____

STARTING SALARY _____ ENDING SALARY _____ SUPERVISOR _____

REASON FOR LEAVING _____

NAME OF EMPLOYER _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE NUMBER _____ FROM _____ TO _____ POSITION HELD _____

SUMMARIZE JOB DUTIES _____

STARTING SALARY _____ ENDING SALARY _____ SUPERVISOR _____

REASON FOR LEAVING _____

IF MORE SPACE IS NEEDED, PLEASE ADD ADDITIONAL PAGES.

EDUCATION

HIGH SCHOOL/CITY/STATE ATTENDED AND DATES _____

DID YOU GRADUATE? _____ YES _____ NO

COLLEGE/CITY/STATE ATTENDED AND DATES _____

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DID YOU GRADUATE? ___ YES ___ NO MAJOR/DEGREE EARNED _____

GRAD SCHOOL/CITY/STATE ATTENDED AND DATES _____

DID YOU GRADUATE? ___ YES ___ NO MAJOR/DEGREE EARNED _____

TRADE OR BUSINESS SCHOOL/CITY/STATE ATTENDED AND DATES _____

DID YOU GRADUATE? ___ YES ___ NO CERTIFICATE RECEIVED _____

WERE YOU KNOWN TO SCHOOL OR PREVIOUS EMPLOYER BY ANOTHER NAME? ___ YES ___ NO IF YES, PLEASE LIST _____

REFERENCES

PLEASE LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES OTHER THAN RELATIVES:

- 1. _____
- 2. _____
- 3. _____

APPLICATION FORM WAIVER

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE INDICATED), REFERENCES, AND OTHERS, AND HEREBY RELEASE NEW VISION FROM ANY LIABILITY AS A RESULT OF SUCH CONTACT. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISQUALIFICATION FROM FURTHER CONSIDERATION OR DISMISSAL (IF HIRED) AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I UNDERSTAND THAT THIS APPLICATION WILL BECOME INACTIVE AFTER 90 DAYS UNLESS REACTIVATED BY ME IN PERSON OR IN WRITING.

I, ALSO, HEREBY ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT WITH NEW VISION THEATRES CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, BY EITHER NEW VISION OR MYSELF. I FURTHER UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIED PERIOD OF TIME.

DATE SIGNED

SIGNATURE OF APPLICANT

NEW VISION THEATRES, LLC IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, GENDER IDENTITY OR EXPRESSION, AGE, DISABILITY, MILITARY STATUS, GENETIC INFORMATION, OR ANY OTHER PROTECTED CATEGORY.