

Application For Employment Crowne Pointe Theatre

We are an Equal
Opportunity Employer and
are committed to
excellence through
diversity.

Please print or type. The
application must be fully
completed to be
considered. Please
complete each section,
even if you attach a
resume.

Name

Address

City

State

Zip

Phone Number

Mobile Number

Email Address

Are You A U.S. Citizen?

Yes

No ____

Have You Ever Been Convicted Of A Felony?

Yes ____

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

Position

Position You Are Applying For

Available Start Date

Employment Desired

Full Time

Part Time

Season/Temporary ____

Education

School Name

Location

Years Attended

Degree Received

Major

References

Name

Title

Company

Phone

Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone			
Address	City	State	Zip

Employer (2)	Job Title	Dates Employed	
Work Phone			
Address	City	State	Zip

Employer (3)	Job Title	Dates Employed	
Work Phone			
Address	City	State	Zip

Employer (4)	Job Title	Dates Employed	
Work Phone			
Address	City	State	Zip

Employer (5)	Job Title	Dates Employed	
Work Phone			
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)

Signature

Date

Please place an **X** in the boxes of days and shifts you **ARE NOT** available to work.

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9AM – 6PM							
4PM – 12AM							

List reasons for schedule conflicts below (eg school, other job, other weekly obligations):

_____ Check here if you have **OPEN AVAILABILITY** with no other school or work conflicts.

How many hours per week would you like to work? _____

Do you have another job or plan to work a second job while employed with CPT? Yes No

Where are you employed? _____ Please print your weekly schedule on the back of this form.

If you are a **college student**, please print your school schedule below.

Monday

Tuesday

Wednesday

Thursday

Friday

By signing this form, you agree to work any scheduled shifts within your availability as needed for daily operations of this business. You also understand there may be certain days or shifts that are **REQUIRED** for ALL employees (Certain holidays/events) and will be notified within a minimum of two weeks to plan to be available for those shifts. You agree to arrive on time and prepared to work your full shift.

Employee Printed Name

Date

Employee Signature

Date

Manager Signature

Date