



Application for Employment

Plaza Theater / Geneva Theater PO Box 731, Burlington WI 53105
plaza4@winmediainc.com

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

Position applied for _____ Location: Burlington ___ Lk Geneva ___ Both ___

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

What days/hours are you available? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No If yes, please describe conditions on a separate paper and attach.

EDUCATION

School Name and Location	Years Attended	Major/Degree
High School _____	_____	_____
College _____	_____	_____
Other Training _____	_____	_____

In addition to your work history, are there other skills, clubs, athletics, volunteer service, qualifications, or experience that we should consider? _____

REFERENCES (Not including previous employers or family members)

Name _____	Relationship _____	Phone or Email _____
Name _____	Relationship _____	Phone or Email _____
Name _____	Relationship _____	Phone or Email _____

EMPLOYMENT HISTORY (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Signature _____ Date _____