



MOVIEHOUSE

Sperry's Moviehouse Holland, LLC
84 W. 8th Street Holland, MI 49423

Application for Employment

Sperry's Moviehouse is committed to provide equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, age, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, height, weight, familial status, genetic information, disability, or any other characteristic protected by law.

Form section containing personal information fields: Position Desired, Today's Date, First Name, Middle Name, Last Name, Street Address, City, State, Zip Code, Email Address, Phone Number, and availability questions.

Table with 7 columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY. Each column has a corresponding empty box for marking availability.

Form section containing employment history and background questions: Have you ever applied at the company before?, Were you ever employed at the company?, Were you referred by a current employee?, Do you have relatives working at Sperry's Moviehouse..., Have you ever been convicted of a felony..., Are you now, or do you expect to be, engaged in any other business or employment?..., For Driving Jobs Only: Do you have a valid driver's license?...

Form section containing education and skills questions: Education: List name and location of schools. High School, College, Vocational, Diploma?, Degree?, Certificate?, What skills or additional training do you have..., What machines or equipment can you operate...

List names of employers in order with the last employer listed first. Account for all periods of time including military service and any periods of unemployment. PLEASE GIVE MONTH AND YEAR FOR DATES. Use a separate sheet of paper if more room is needed.

#1 Employer Name:	Job Title:
City, State:	Dates of Employment: From _____ To _____
Reason for Leaving:	Pay: Start \$ _____ Final \$ _____

#2 Employer Name:	Job Title:
City, State:	Dates of Employment: From _____ To _____
Reason for Leaving:	Pay: Start \$ _____ Final \$ _____

#3 Employer Name:	Job Title:
City, State:	Dates of Employment: From _____ To _____
Reason for Leaving:	Pay: Start \$ _____ Final \$ _____

#4 Employer Name:	Job Title:
City, State:	Dates of Employment: From _____ To _____
Reason for Leaving:	Pay: Start \$ _____ Final \$ _____

Have you worked or attended school under any other name: Yes [] No [] List names _____

Are you presently employed? Yes [] No [] If yes, may we contact your present employer? Yes [] No []

Have you ever been fired from a job or asked to resign? Yes [] No [] If yes, please explain:

References: one personal and one business

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____

This application for employment will remain active for six months from date signed.