Vernon Square Cinema 1230 North Main Street, Viroqua, WI 54665 (608) 637-8800 www.vernonsquare.com

EMPLOYMENT APPLICATION

			PERSON	IAL IN	IFORMATIO	N		
(Print) Full N	ame:							
Present Add	ress:							
City:					State:	ZI	ZIP:	
Telephone N	lumber: _()						
Are You Ove	r 18 Years O	old? O YES	ON C	IF N	OT, State Date	e of Birth:		
Are You Leg	ally Able To \	Work In The U	nited Stat	es?	O YES	NO NO		
(Proof of U.S	. citizenship d	or work status	will be req	juired ι	ıpon employme	ent within 3 bu	ısiness days)	
Have You Ev	er Worked F	or A Cinema E	Before?) YES	ON C			
If Yes, When	and Where:				 			
What Promp	ted You To A	pply At Verno	n Square	Cinema	a? OWalk-In	OReferred	Ву:	
			A۱	/AILA	BILITY			
Position or S	hift Applied F	or:		Tot	al Hours Availa	able/Desired F	Per Week:	
					Part Time		 Seasonal/Temp	
• • • • • • • • • • • • • • • • • • • •	•						·	,
		•			O YES ON			
		-			ork Each Day.			
DAY	MONDAY	TUESDAY	WEDNE		THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM								
то								
			Ξ	DUCA	ATION			
Circle Last (Grade Comp	leted In Scho	ol:					
		9 10		12	GED			
College:	1 2	3 4						
Name and A	ddress of Las	st School Atter	nded:					
Are You Cur	rently Attendi	ing School?O	YES O N	0	Are You Invo	lved In Any S	Sports? YES	ON C
				MILIT	ARI			
Were You A	Member Of 7	Γhe U.S. Arme	d Service	s? O Y	ES O NO Da	ates of Servic	e:	

EMPLOYMENT HISTORY

Employer:Address:		Telephone Nur	mber:()	
City, State, Zip:		Supervisor:		
Date of Employment (S				
Reason For Leaving: _				
Employer:		Telephone Nur	nber:()	
Address:				
City, State, Zip:		Supervisor: _		
Date of Employment (S	tart - End):	Hourly Rate:		
Work Performed:				
Reason For Leaving:				
Employer.		Tolombono Nim	whom ()	
Address:			nber:()	
City, State, Zip:		Supervisor: _		
Date of Employment (S	tart - End):	Hourly Rate:		
Work Performed:				
Reason For Leaving:				
May we contact any of y	our present or former	employers: O YE	ES O NO	
Please list any skills, ho	nors, and experiences	that you feel provide ac	Iditional information concerning you	ır qualifications
for employment at Verno	on Square Cinema			
Professional References	: Please list the names of	THREE people other than re	elatives or present/ former employers who	om we can contact
as a personal reference.				
NAME:	OCCUPATION	& PHONE:	Relation:	
NAME:	OCCUPATION	& PHONE:	Relation:	
NAME:	OCCUPATION	& PHONE:	Relation:	
Is TI	to 5 hours at a time, car here Any Reason You Wo	rying supplies up to 50 p ould Be Unable To Meet Th	de, but are not limited to: ounds, as well as being able to lift and the Above Qualification Standard?	
			tion form is true, correct and complete. ments or omissions could result in my d	

DATE: _____

SIGNATURE: