



**Landmark**  
C I N E M A S

# Application for Employment

## Personal Information

Name:(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address: (No., Street) \_\_\_\_\_

(City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Do you have a social insurance number? \_\_\_\_\_

Do you have a legal right to work in Canada? \_\_\_\_\_

## Availability

How will you get to and from work? \_\_\_\_\_ Are you willing to work varying shifts? \_\_\_\_\_

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

## Education

	School	Years Attended	Diploma	Average Grade
School				
College				
University				
Other (e.g.) Trade				

Certificates, licenses or other special qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Activities

(Teams, Clubs, Hobbies, Leisure Activities, Etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

May we contact past employers? \_\_\_\_\_ May we contact current employers? \_\_\_\_\_

Have you ever been employed by a Motion Picture Theatre? \_\_\_\_\_

Name & Location of Company: _____
Position/Duties: _____ Employed From: _____ To: _____
Reason for Leaving: _____
Contact: _____ Position: _____ Phone No.: _____

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## References

List three people not related to you:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from employment or cause my dismissal. In the event of my employment I agree to abide by the work related rules and regulations.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**Applicant Self-Evaluation**

**General Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age & Grade: \_\_\_\_\_

**Have you been employed by any movie theatre before?**

Yes

No

**Self-Assessment**

	Poor	Fair	Satisfactory	Good	Excellent
Encourages & Promotes Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honours Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Responsibility for Actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task Oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List some of your strengths:

List some of your weaknesses:

Additional Comments: