



CINEBISTRO - DOLPHIN MALL

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

All employment decisions are made without regarding to unlawful considerations of race, sex, religion, national origin, age, disability, or any other legally protected status.

TODAY'S DATE: _____

What type of position are you applying for? (Check as many as applicable)

- Usher
- Box Office
- Concession
- Management
- Other: _____

For Office Use Only:

Please indicate days/time available to work. (Cobb Theatres is seeking applicants with availability during nights, weekends and holidays)

Total hours per week: _____

Monday: From _____ to _____

Tuesday: From _____ to _____

Wednesday: From _____ to _____

Thursday: From _____ to _____

Friday: From _____ to _____

Saturday: From _____ to _____

Sunday: From _____ to _____

PERSONAL INFORMATION

Name:	Last	First	Middle	E-mail address:
Street Address:	City:	State:	Zip Code:	Phone:
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you will be required to submit a work permit or proof of graduation from high school or proof of age upon employment)			Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof will be required upon employment)	
Have you worked for Cobb Theatres before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the dates of employment and the reason for leaving:			Do you personally know anyone currently employed by Cobb Theatres? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name(s) and relationship:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
<small>A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Factors such as age at the time of the offense, type of offense and relevance to the job which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.</small>				
In case of emergency, notify:				
Name: _____		Address: _____		
Phone: (____) _____		Relationship: _____		

EDUCATION

Please list below your formal educational experiences (High School, College, University, etc.)

	Name and City/State Of School	Diploma/Degree Earned	Course of Study	# of Years Completed
High School				
College/University				
Other				

Awards/Scholarships:

Professional designation (CPA, CFA, etc.):

EMPLOYMENT

Please list your complete employment history starting with your current or most recent employer. Feel free to include information on important volunteer activities to which you devoted a substantial portion of your daily or weekly time or other unpaid positions you have held. Are you presently employed? Yes No

Name of Company		Type of business		
Address		Telephone		
Name and title of immediate supervisor		Telephone		
From (mo/yr)	To (mo/yr)	Type of work <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> contract <input type="checkbox"/> other		
Starting Position Title		Final Position Title	Final Salary	
Duties and responsibilities				
Reason for leaving				
Name of Company		Type of business		
Address		Telephone		
Name and title of immediate supervisor		Telephone		
From (mo/yr)	To (mo/yr)	Type of work <input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> contract <input type="checkbox"/> other		
Starting Position Title		Final Position Title	Final Salary	
Duties and responsibilities				
Reason for leaving				

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Starting Position Title		Final Position Title	Final Salary
Duties and responsibilities			
Reason for leaving			

Have you ever been discharged or asked to resign from any job? Yes No

If yes, please explain: _____

Please explain any gaps in your employment history: _____

REFERENCES

Please list three business or professional persons, other than relatives or close friends, whom we may contact for a reference.

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

Please provide any other information (special achievements or accomplishments) you feel would help us determine your suitability for employment.

DECLARATION

I hereby affirm that the information provided on this application (and any résumé or other attachments submitted) is true and complete and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in my dismissal from employment if discovered at a later date.

I understand that completion of this application does not assure me of a position with Cobb Theatres. I also understand that neither this application nor any other document constitutes a contract of employment for a specific term and that any employment relationship that may be established will be "at will" and may be terminated at any time, for any reason or no reason, by me or Cobb Theatres. I understand that no representative of Cobb Theatres has any authority to enter into any agreement for employment with me contrary to the foregoing.

I hereby authorize Cobb Theatres to investigate all information pertinent to my application, including contacting current and former employers in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to Cobb Theaters and I hereby agree to hold harmless Cobb Theatres and all those providing information to it from any liability arising out of or as a result of the request for, the provision of or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to Cobb Theatres, or if I violate any of the provisions of this Declaration.

I further understand that if hired by Cobb Theatres, I must abide by all of Cobb Theatres' rules and regulations as provided to me which, other than the "at will" employment policy, may be changed without notice at the discretion of Cobb Theatres' management. I understand that Cobb Theatres may require me to consent to or authorize the disclosure of my criminal record and/or consumer credit report prior to employment and at any time during my employment, to the extent permitted by applicable law.

Cobb Theatres may hold in its records this Application, any attachments, and other information collected for consideration for potential employment opportunities.

I certify that I have read, understand and agree with the above.

Signature _____

Date _____

Send Application to
Cobb Theatres
2100A SouthBridge Parkway
Suite 640
Birmingham, AL 35209
Attention: Judy Sanders

Or you may fax your application to us at (205) 802-7771