



## EMPLOYMENT APPLICATION

Please print.

### Applicant Information

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Desired Pay Rate: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email:

### Address

\_\_\_\_\_  
Street City State Zip Code

### Mailing Address (if different from present address)

\_\_\_\_\_  
Street City State Zip Code

### Personal Information

Have you ever applied to or worked for TheatreDreams LA / CHI, L.P., Inc. before?

Yes  No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for TheatreDreams LA / CHI, L.P., Inc.?

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at TheatreDreams LA / CHI, L.P., Inc.?  
\_\_\_\_\_

How did you hear about the Dolby Theatre?  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?

Yes  No

Are you at least 18 years of age?

(If under 18, hire is subject to verification that they are of minimum legal age.)

*Updated January 2017*

Yes       No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the U.S.?

Yes       No

Are you able to perform essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes       No

If no, describe the functions you are unable to perform.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination as well as skill and agility tests.)

**Education, Training, and Experience**

*High School:*

\_\_\_\_\_  
Name City/State

No. Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma: \_\_\_\_\_

*College:*

\_\_\_\_\_  
Name City/State

No. Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma: \_\_\_\_\_

*Vocational School:*

\_\_\_\_\_  
Name City/State

No. Years Completed: \_\_\_\_\_ Did you graduate?  Yes  No Degree or Diploma: \_\_\_\_\_

**Employment History**

Please list below past and present employment, starting with your most recent employer. (The last five years is sufficient.) Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer (1) Phone Number

\_\_\_\_\_  
Type of Business Supervisor's Name

\_\_\_\_\_  
Address City State Zip Code

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
From To Starting Ending

Position and Duties

\_\_\_\_\_  
Reason for Leaving May we contact this employer for a reference?  
 Yes  No

\_\_\_\_\_  
Name of Employer (2) Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment: \_\_\_\_\_

From

To

Weekly Pay: \_\_\_\_\_

Starting

Ending

\_\_\_\_\_  
Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference?

Yes

No

Note: Attach additional page(s) if necessary.

### References

Please list below three people (not related to you) who have knowledge of your work performance within the last three years.

1)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Address

2)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Address

3)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

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

\_\_\_\_\_  
Address

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Applicant's Signature: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

**Interview Date:** \_\_\_\_\_

**Dept.:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_

**Call:** \_\_\_\_\_