



EMPLOYMENT APPLICATION

Applicant Information

Date: _____ Position Applying For: _____ Desired Pay Rate: _____

Last Name First Name Middle Initial

Home Phone Alternate Phone

Email

Address Apt. # 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.)

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: _____
From _____ To _____

Position and Duties _____

Reason for Leaving _____

Dates of Employment: _____
From _____ To _____ 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

Position and Duties

Reason for Leaving

Dates of Employment: _____
From To

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:** _____