



Mallory Brook Plaza, Route 44, Winsted, Connecticut
89 Farley Place, Torrington, Connecticut

Employment Application
An Equal Opportunity Employer
www.cinerom.com

Date _____

Personal Information			
Last Name	First Name	Middle Name	Phone Number ()
Address (Street)		Cell Phone Number ()	E-mail Address /
Address (City, State And Zip Code)		Social Security Number	
Are You 18 Or Over? Yes No	If You Are Under 18 Years Of Age, Do You Have A Work Permit? Yes No		Are You Legally Authorized To Work In The U.S.? Proof Will Be Required. Yes No

Job Applied For							
For What Type Of Job Are You Applying? List Up To 4.							
1. _____		2. _____		3. _____		4. _____	
Wage Or Salary Desired _____							
As an industry that provides a service to the public, our business hours include holidays, evenings, and weekend afternoons and evenings. Please indicate any time for which you are available, including those which fall on a HOLIDAY:							
Hours Available	M	T	W	TH	F	SAT	SUN
From							
To							
Total Number Of Hours Available? _____ Date Available To Start Work? _____							
Have You Ever Been Convicted, Pled Guilty Or No Contest To A Misdemeanor Or Felony? (Omit Minor Parking Violations) No Yes (Provide Dates And Explanation)* _____							
* A Conviction Will Not Necessarily Disqualify You From Employment. Applicants With A Conviction Record Who Are Denied Employment May Request A Written Explanation Concerning The Denial.							
Have You Worked For CINEROM Before? Yes No Dates And Reason For Leaving _____							
How Did You Hear About Job Openings at CINEROM? Friend _____ School _____ Advertisement (Where?) _____ Other (How?) _____							

Work History (Include Volunteer, Apprenticeships, Self-Employment And Military Experience)					
Current Or Most Recent Employer			Reason For Leaving Or Seeking Change Of Position		
Address (Street, City, State And Zip Code)			Phone Number ()		Supervisor's Name
Dates Employed ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.		Type Of Business	Salary Or Wage	Hrs Per Week	Job Title
Are You Presently Employed? Yes No			May We Contact Your Present Employer? Yes No		
1 st Previous Employer			Reason For Leaving Or Seeking Change Of Position		
Address (Street, City, State And Zip Code)			Phone Number ()		Supervisor's Name
Dates Employed ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.		Type Of Business	Salary Or Wage	Hrs Per Week	Job Title
2 nd Previous Employer			Reason For Leaving Or Seeking Change Of Position		
Address (Street, City, State And Zip Code)			Phone Number ()		Supervisor's Name
Dates Employed ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.		Type Of Business	Salary Or Wage	Hrs Per Week	Job Title

As an equal opportunity employer, CINEROM does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, citizenship status, sex, age, marital status, disability, or veteran status. No question on the application is intended to secure information about these subjects.

3 rd Previous Employer		Reason For Leaving Or Seeking Change Of Position		
Address (Street, City, State And Zip Code)		Phone Number ()	Supervisor's Name	
Dates Employed ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.	Type Of Business	Salary Or Wage	Hrs Per Week	Job Title
If You Have Been Unemployed For A Period Of 3 Or More Consecutive Months Within The Past 5 Years, Please Provide The Dates Of Unemployment And An Explanation Below:				

Education and Licenses				
High School Name			City And State	
High School Diploma Or GED? No Yes Year _____		If No, Circle Highest Yr. Completed 8 9 10 11 12		Dates Attended ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.
Advanced Education (College, University, Vocational, Technical)			City And State	
Did You Graduate? Yes No Year _____ Degree _____			Dates Attended ____/____/____ To ____/____/____ Mo. Yr. Mo. Yr.	
Have you ever been denied coverage under a bond? Yes No			Have You Ever Been Responsible For Balancing Out Monetary Transactions? Yes No	
List Any Skills or Licenses You Have Which Would Be Useful In Evaluating Your Qualifications For The Position You Are Seeking				
Have You Had Any Motor Vehicle Accidents Or Been Found Guilty Of Motor Vehicle Violations Within The Past 2 Years? Yes No Year _____ Explanation:				
Do You Hold A Driver's License In Good Standing? Yes No State: _____ License Number:				
What Is Your Transportation To Work At CINEROM?				

Business References: List 3 professional references who can verify your work history and performance. Students who have not been previously employed... list Teachers, Guidance Counselors or Volunteer Supervisors who you have know for at least one year.		
Name	Telephone Number	Relationship

Supervisor's Name

Authorization and Acknowledgement

I certify that all information I have given on this application, including the attached resume, if any, is accurate and complete to the best of my knowledge. I understand that consideration for employment is based upon the results of reference and background reviews, and that any omissions and misstatements on this application and attachments may be grounds for rejection of my application or termination of my employment. I hereby authorize CINEROM and its agents to investigate the truthfulness of all statements made on my employment application, resume and other attachments. I understand that this investigation may include contacting references, my former employers, confirming my educational background, reviewing my motor vehicle records, reviewing any criminal justice records for criminal convictions that relate to me and obtaining a consumer credit report. I give consent for all contacted persons to provide information concerning my application, and I release each such person from liability for providing information to CINEROM and its agents.

In keeping with CINEROM's strong commitment to maintaining a work environment that is free from the harmful effects of drug abuse and safe for its employees and others, I understand that chemical screening for illegal drugs and substance abuse may be required after employment where there is reasonable suspicion that I am under the influence of alcohol/drugs while on CINEROM premises or engaged in CINEROM business off CINEROM premises, in the event of an accident requiring medical attention or involving serious damage to CINEROM property or equipment. I release and hold harmless CINEROM, its officers, agents and employees of any liability based upon the request for, administration of, and use of the results of any physical examination and authorize any examining physician/laboratory to disclose the results to CINEROM or its agents.

If hired, I understand that federal law requires completion of an I-9 form establishing my employment eligibility within 3 days of hire.

I understand that nothing contained in this employment application or interview and no CINEROM policies, procedures, correspondence or handbooks that I might receive are intended to create an employment contract between CINEROM and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon CINEROM unless made in writing and signed by an officer of CINEROM. I understand that if I am hired by CINEROM, I may terminate my employment at any time with or without cause or notice and CINEROM may do the same.

Applicant's Signature	Today's Date
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Previous Employer		Reason for Leaving or Seeking Change of Position		
Address (Street, City, State and Zip Code)		Phone Number ()		Manager's Name
Dates Employed ____/____/____ to ____/____/____ Mo. Yr. Mo. Yr.	Type of Business	Salary or Wage	Hrs Per Week	Job Title
Previous Employer		Reason for Leaving or Seeking Change of Position		
Address (Street, City, State and Zip Code)		Phone Number ()		Manager's Name
Dates Employed ____/____/____ to ____/____/____ Mo. Yr. Mo. Yr.	Type of Business	Salary or Wage	Hrs Per Week	Job Title
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