KYOVA 10 THEATRE

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

APPLICATION FOR EMPLOYMENT

Date	all sections	thoroughly. A	resume m	av he attacl	hed hut r	nav	not substi	tuta fo	or comple	tion o	f tha ar	onlication)
(Complete	ali Sections	inoroughly. A	resume m	ay be allaci	neu but i	ilay	ทอเ รนมรแ	iule ic	n comple	uono	i iiie ap	ppiication.)
Print Name												
Address					First			Middle				
	Street				City			S	State		Zip	
Social Security Number					Telephone Number							
Position(s) applied fo	or: (1)			_		(2)					
Available ho	ours per wee					ıvaila	able to star					
	Friday	Saturday	Sunday	Monday	Tuesd	ау	Wednes	day	Thursda	ay		
From:												
То:												
Full Time	Part Time □	Temporary □			Minimu	m co	ompensatio	on req	uirement :	\$		
Are you at l	east 18 year	s of age?							Yes	i 🗆 i	No □	
		re and work in ght to work in th			uired withi	n thre	ee days of b	eing h		1 D	No 🗆	
Have you e	ver been cor	nvicted of a fel	ony?						Yes	s □	No □	
Are you abl	e to perform	the essential	functions of	the job for v	vhich you	hav	e applied?		Yes	1 🗆	No □	
	ditional skills	, education or n	training rela	ated to the po	osition ap	plied	d for					
Please include name and address of school and under what name attended idifferent					attended if		urse of tudy	Ye			l you luate?	Diploma or Degree
High School								1 2	2 3 4			
College								1 2	2 3 4			
Other (specify)								1 2	2 3 4			

Present or Most Recent Employer		Telephone ()	Ext.		
Address		Dates Employed (Mo. & Yr.) From To			
Name of Supervisor		Weekly Pay			
Job Title and Responsibilities		Reason for Leaving May we contact ? Yes	No		
Present Employer		Telephone ()	Ext.		
Address		Dates Employed (Mo. & Yr.) From To			
Name of Supervisor		Weekly Pay			
Job Title and Responsibilities		Reason for Leaving May we contact ? Yes	No		
Present Employer		Telephone ()	Ext.		
Address		Dates Employed (Mo. & Yr.) From To			
Name of Supervisor		Weekly Pay			
Job Title and Responsibilities		Reason for Leaving May we contact ? Yes	No		
References List two references, home telephone numbers and years known. (Do not Include relatives or employers.)					
Name of Reference		Name of Reference			
Relationship		Relationship			
Telephone Number	Years Known	Telephone Number	Years Known		

Employment Conditions - Read Carefully Before Signing

By my signature below, I certify that all information provided on this is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Kyova 10 Theatre. I understand that employment with Kyova 10 Theatre is "at will" under Kentucky state law and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Kyova 10 Theatre, I will abide by its rules, regulations, policies, and procedures.

I hereby authorize all Individuals and organizations named or referred to on this application to answer all questions that may he asked and give all Information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identify and legal work authorization within three days of being hired. Failure to submit such proof within the required lime shall result in immediate termination of employment. Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with Kyova 10 Theatre. I understand that either refusal to submit to the test or failure of the test per the Kyova 10 Theatre policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant	Date