

Georgia Drive In

EMPLOYMENT APPLICATION

NAME _____ ADDRESS _____
last first

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ DRIVERS LICENSE # _____

POSITION APPLYING FOR? _____ HOURS DESIRED PER WEEK _____

APPLYING FOR: _____ FULL TIME (40 Hours) ARE YOU 18 OR OLDER? _____

_____ PART TIME (36 Hours or less) WHEN ARE YOU ABLE TO START? _____

HOW FAR DO YOU LIVE FROM THE CINEMA? _____

EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? _____ NO _____ YES

ARE THERE ANY FELONY CHARGES "PAST" OR "PENDING" AGAINST YOU? _____ NO _____ YES

IF SO, PLEASE STATE CITATION, DATE AND PLACE WHERE OFFENSE OCCURRED. _____

EDUCATION HISTORY

HIGH SCHOOL ATTENDED _____ HOW LONG? _____ GRADUATE? _____

COLLEGE ATTENDED _____ HOW LONG? _____ GRADUATE? _____

PREVIOUS WORK EXPERIENCE

FROM: _____ TO: _____	EMPLOYER: _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR'S NAME: _____	PHONE NO. () _____
REASON FOR LEAVING? _____	SUMMARIZE THE NATURE OF YOUR WORK: _____
WAGE: _____	

FROM: _____ TO: _____	EMPLOYER: _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR'S NAME: _____	PHONE NO. () _____
REASON FOR LEAVING? _____	SUMMARIZE THE NATURE OF YOUR WORK: _____
WAGE: _____	

FROM: _____ TO: _____	EMPLOYER: _____
JOB TITLE: _____	ADDRESS: _____
SUPERVISOR'S NAME: _____	PHONE NO. () _____
REASON FOR LEAVING? _____	SUMMARIZE THE NATURE OF YOUR WORK: _____
WAGE: _____	

MAY WE CONTACT THE EMPLOYERS LISTED? _____ YES _____ NO

IF NOT, WHICH ONE(S)? _____

Your Availability: (i.e. All Day, After 5:00, Before 3:00)

Wednesday _____ Thursday _____

Sunday _____

REFERENCES

PHONE # _____

PHONE # _____

PHONE # _____

IN A BRIEF PARAGRAPH, EXPLAIN WHY YOU WISH TO WORK HERE AND ADD ANY FURTHER INFORMATION FOR US TO CONSIDER.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

GEORGIA DRIVE IN IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE AGAINST ANY APPLICANT ON THE BASIS OF ANY CHARACTERISTIC THAT IS PROTECTED BY STATE OR FEDERAL LAW.

I UNDERSTAND THAT IF HIRED, THAT MY EMPLOYMENT WITH THIS COMPANY IS TERMINABLE AT-WILL BY MYSELF OR THE COMPANY, WHICH MEANS THAT THE COMPANY AND/OR I HAVE THE RIGHT TO TERMINATE OUR EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, FOR ANY REASON WHATSOEVER. IT IS EXPRESSLY AGREED AND UNDERSTOOD THAT THIS IS THE ENTIRE AGREEMENT BETWEEN THIS COMPANY AND MYSELF ON THIS MATTER. IT MAY BE CHANGED ONLY BY AGREEMENT IN WRITING, SIGNED BY THE OWNER OF THIS COMPANY AND MYSELF.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR ANY EMPLOYMENT RELATED PURPOSE. I RELEASE THE LISTED REFERENCES AND ALL EMPLOYERS, EXCEPT THOSE SPECIFICALLY EXCLUDED, TO PROVIDE YOU WITH ANY AND ALL APPLICABLE INFORMATION THEY MAY HAVE. I HEREBY RELEASE THESE REFERENCES AND FORMER EMPLOYERS FROM ALL LIABILITY FOR ANY INFORMATION THAT THEY MAY GIVE TO THE COMPANY.

I VERIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT IF I HAVE GIVEN ANY FALSE INFORMATION ON THIS APPLICATION OR IF I HAVE OMITTED ANY MATERIAL FACTS, I MAY BE DISQUALIFIED IMMEDIATELY UPON DISCOVERY OF SUCH FALSE STATEMENTS OR OMISSIONS.

DATE _____