

EMPLOYMENT APPLICATION

for

GOEN CINEMAS

Please Check Site of Desired Employment

- Black Mesa Twin Cinema, Kayenta, Arizona
- Goen Cinemas Tuba City, Arizona
- Goen Cinemas Window Rock, Arizona

A business owned and operated by Goen Enterprises, INC

This booklet is property of above mentioned business and all information will be kept confidential unless deemed necessary by Law.

Please fill in each section completely. All Sites will be referred to as Goen Cinemas in the Application
If it does not apply to you write "N/A".

You must Be 16 Years Old with a Valid Food Handlers Card to Apply

Employee To Fill out Box Prior to Giving to Applicant

LAST NAME: _____

FIRST NAME: _____

VALID PHOTO ID VERIFIED: _____

VALID BLUE FOOD HANDLER'S CARD: _____

EXPIRATION DATE: _____

Employee Initials: _____ Date: _____

APPLICATION #: _____

EMPLOYEE USE ONLY

DATE TURNED IN: ____ / ____ / ____

BLACK MESA TWIN CINEMAS EMPLOYMENT APPLICATION

LAST NAME FIRST NAME MI SOCIAL SECURITY #

PRESENT ADDRESS CITY/STATE ZIP CODE

HOME PHONE WORK PHONE CELLULAR PHONE
() _____ () _____ () _____

DATE OF BIRTH AGE
____/____/____ _____

PLEASE ANSWER EACH QUESTION COMPLETELY. IF NEEDED USE A SEPARATE BLANK PAGE.

HAVE YOU EVER BEEN EMPLOYED BY GOEN CINEMAS? _____
IF YES, GIVE DATES AND LOCATION _____

HAVE YOU EVER APPLIED AT GOEN CINEMAS BEFORE? _____
IF YES, GIVE DATES _____

DO ANY OF YOUR RELATIVES WORK FOR GOEN CINEMAS _____
IF SO, GIVE THEIR NAMES AND SITE WORKED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____
IF YES, GIVE THE NATURE OF THE OFFENSE _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR IN THE PAST 7 YEARS (DO NOT INCLUDE SPEEDING OR OTHER MINOR TRAFFIC VIOLATIONS)? _____
IF YES, PLEASE EXPLAIN _____

EMPLOYMENT DESIRED: **DATE AVAILABLE** **WAGE REQUESTED**
_____ ____/____/____ _____

ARE YOUR HOURS FLEXIBLE? _____
IF "NO" PLEASE FILL IN BELOW THE HOURS YOU ARE AVAILABLE FOR WORK

	SUN	MON	TUES	WED	THURS	FRI	SAT
FROM:							
TO:							

EXPERIENCE:

(1) NAME OF LAST EMPLOYER _____ TYPE OF BUSINESS _____ PHONE #
() _____

ADDRESS: _____ CITY/STATE _____ ZIP CODE _____

EMPLOYED FROM: _____ LAST POSITION _____ WAGE _____ SUPERVISOR: _____
TO: _____
REASON FOR LEAVING: _____

(2) NAME OF LAST EMPLOYER _____ TYPE OF BUSINESS _____ PHONE #
() _____

ADDRESS: _____ CITY/STATE _____ ZIP CODE _____

EMPLOYED FROM: _____ LAST POSITION _____ WAGE _____ SUPERVISOR: _____
TO: _____
REASON FOR LEAVING: _____

(3) NAME OF LAST EMPLOYER _____ TYPE OF BUSINESS _____ PHONE #
() _____

ADDRESS: _____ CITY/STATE _____ ZIP CODE _____

EMPLOYED FROM: _____ LAST POSITION _____ WAGE _____ SUPERVISOR: _____
TO: _____
REASON FOR LEAVING: _____

EDUCATION:

	NAME AND ADDRESS	GRADE COMPLETED
HIGH SCHOOL	_____	_____
VOCATIONAL TRAINING	_____	_____
COLLEGE	_____	_____

REFERENCES:

PLEASE LIST THE NAMES OF AT LEAST 3 PEOPLE WHOM HAVE KNOWN YOU FOR AT LEAST ONE YEAR—**DO NOT INCLUDE RELATIVES.**

NAME	ADDRESS	PHONE #	YEARS KNOWN?
_____	_____	() _____	_____
_____	_____	() _____	_____
_____	_____	() _____	_____

DISABILITIES

DO YOU HAVE ANY DISABILITIES THAT MAY AFFECT YOUR ABILLITIES ON THE JOB? YES/NO _____

IF YES PLEASE EXPLAIN. _____

PLEASE READ AND SIGN THE BOTTOM.

- 1.) I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, concealment or failure to answer any question fully, completely, and accurately, will be grounds for terminating my employment irrespective of when the information is discovered.

- 2.) I authorize Goen Cinemas agent, at any time prior or during my employment to a: investigate my references, b: communicate with my former employers, c: conduct an independent investigation of my character, conduct, and employment record, including, without limitation, a criminal background check. I understand the results of investigation or background checks may be kept and preserved. Additionally, I release all parties from all liability for any damage that may result from furnishing information to Goen Cinemas.

- 3.) If employed, I agree to read the Associate Handbook and comply with all Company rules, regulations, and policies whether set forth in the Associate Handbook or otherwise. The Company, in its sole discretion, may amend, change, modify or delete the Associate Handbook or its rules, regulations and policies at any time.

- 4.) I UNDERSTAND THAT ALL EMPLOYEES OF THE COMPANY ARE EMPLOYEES AT WILL AND THAT IF EMPLOYED, MY EMPLOYMENT WITH THE COMPANY MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT REASON OR NOTICE. Nothing contained in the Associate Handbook or any other documentation provided to an Associate is intended to limit, modify, change, or amend the at will nature of employment with the Company.

- 5.) I agree that upon termination of my employment I will return all Company property and records in my possession.

Signature of Applicant

Date