



# Marcus Theatres Corporation Application for Employment

PLEASE READ BEFORE COMPLETING THIS APPLICATION. All qualified applicants will receive equal consideration. This Company does not discriminate in hiring or terms and conditions of employment on the basis of race, creed, color, religion, national origin, sex, age, disability, or any other status protected by applicable federal, state or local laws. The use of this form does not imply that there are positions open and does not in any way obligate the Company to employ the applicant. Your signature anywhere on this application will be understood to mean that you have read and understood these policies. Applications are active 90 days from date of filing.

## PERSONAL

NAME	SOCIAL SECURITY NUMBER	DATE
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE - HOME	PHONE - OTHER	

## GENERAL INFORMATION

POSITION DESIRED	REFERRAL SOURCE						
SALARY/WAGE DESIRED:	DATE AVAILABLE FOR WORK:	NUMBER OF HOURS DESIRED EACH WEEK:	DO YOU HAVE RELIABLE TRANSPORTATION TO GET YOU TO AND FROM WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>				
ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO, STATE AGE _____						
PLEASE INDICATE SCHEDULE AVAILABILITY (HOURS AVAILABLE)	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
FROM							
TO							

**NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS**

ARE YOU AVAILABLE TO WORK: EVENINGS: YES  NO  WEEKENDS: YES  NO  HOLIDAYS: YES  NO

PLEASE EXPLAIN ANY "NO" ANSWERS \_\_\_\_\_

## WORK EXPERIENCE (Skip to next section if not applicable)

List your previous experience beginning with your most recent position. If additional space is needed, attach a supplemental sheet.

EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE
STARTING POSITION		STARTING WAGE
LAST POSITION		FINAL WAGE
DATES EMPLOYED	FROM	TO
IMMEDIATE SUPERVISOR		
DUTIES		
REASON FOR LEAVING		
MAY WE CONTACT YOUR SUPERVISOR FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE
STARTING POSITION		STARTING WAGE
LAST POSITION		FINAL WAGE
DATES EMPLOYED	FROM	TO
IMMEDIATE SUPERVISOR		
DUTIES		
REASON FOR LEAVING		
MAY WE CONTACT YOUR SUPERVISOR FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE
STARTING POSITION		STARTING WAGE
LAST POSITION		FINAL WAGE
DATES EMPLOYED	FROM	TO
IMMEDIATE SUPERVISOR		
DUTIES		
REASON FOR LEAVING		
MAY WE CONTACT YOUR SUPERVISOR FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER		
ADDRESS (Street, City, State, Zip)		PHONE
STARTING POSITION		STARTING WAGE
LAST POSITION		FINAL WAGE
DATES EMPLOYED	FROM	TO
IMMEDIATE SUPERVISOR		
DUTIES		
REASON FOR LEAVING		
MAY WE CONTACT YOUR SUPERVISOR FOR AN EMPLOYMENT REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### EDUCATION AND TRAINING

SCHOOL	NAME, STREET, STATE & ZIP FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDITIONAL TRAINING			YES <input type="checkbox"/> NO <input type="checkbox"/>	

### ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?

YES  NO

IF YES, IDENTIFY NAME(S) AND RELEVANT DATES: \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO OR BEEN EMPLOYED BY MARCUS?

YES  NO

IF YES, STATE WHERE, WHEN AND WITH WHOM DID YOU APPLY OR WORK? \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

### CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF ANY CRIME (OTHER THAN A MINOR TRAFFIC VIOLATION), INCLUDING PLEADING GUILTY, NO CONTEST, OR AGREEING TO RESTITUTION FOR SUCH A CRIME?  YES  NO

IF YES, GIVE DETAILS: \_\_\_\_\_

DO YOU HAVE ANY CHARGES CURRENTLY PENDING AGAINST YOU?  YES  NO

IF YES, GIVE DETAILS: \_\_\_\_\_

(ONLY THOSE CONVICTIONS OR CHARGES PENDING THAT ARE SUBSTANTIALLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED IN YOUR APPLICATION FOR EMPLOYMENT.)

### PLEASE PROVIDE FOUR REFERENCES WHO ARE WILLING TO TALK WITH US ABOUT YOUR WORK AND PERFORMANCE

#### EMPLOYMENT REFERENCES

NAME \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_  
POSITION \_\_\_\_\_  
BUSINESS \_\_\_\_\_  
WORK RELATIONSHIP \_\_\_\_\_  
YEARS ACQUAINTED \_\_\_\_\_

#### PERSONAL REFERENCES:

NAME \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
YEARS ACQUAINTED \_\_\_\_\_

#### EMPLOYMENT REFERENCES

NAME \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_  
POSITION \_\_\_\_\_  
BUSINESS \_\_\_\_\_  
WORK RELATIONSHIP \_\_\_\_\_  
YEARS ACQUAINTED \_\_\_\_\_

#### PERSONAL REFERENCES:

NAME \_\_\_\_\_  
TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
YEARS ACQUAINTED \_\_\_\_\_

### APPLICANT STATEMENT

READ THIS INFORMATION BEFORE SIGNING YOUR JOB APPLICATION FORM. I understand that the use of this application form does not imply that there are positions open and does not in any way obligate the Company to employ job applicants. The Company reserves the right to request any individuals who are offered positions of employment to take any necessary physical tests or examinations as are authorized by law and required by Company policy and procedure. The Company may require a substance abuse screening examination. Any offer of employment is contingent upon your successfully passing any tests and/or examinations. Individuals applying for positions that require cash handling and/or other duties of a sensitive nature may have an investigative report prepared regarding an applicant's character, general reputation, personal characteristics, and mode of living. Additional information as to the true nature and scope of such report, if made, will be provided upon the applicant's written request. The Company also reserves the right to require any individual hired by them for any position to cooperate fully with any investigation into an offense against the Company and the individual may be required to take an examination as permitted by law. If a position of employment is offered, all new hires are subject to a try out period of 90 days. I certify that the facts contained in this application are true and complete to the best of my knowledge and acknowledge that any omissions or false statements on this application shall be grounds for rejection, discipline or dismissal.

I authorize full investigation of all statements contained herein and any other information that may have a possible bearing on my employment including allowing you to contact all companies, schools, and persons named to give information regarding my employment, character and qualification. I release all parties from any and all liability for any damage that may result from their furnishing such information to you.

I understand and agree that, if hired, my employment is "at will" and is not for a definite period and may, regardless of circumstances, be terminated at any time without prior notice by the Company. I further acknowledge that no contract of employment will be valid and binding against the Company unless signed by the Chief Operating Officer of the Company.

By applying for employment, I agree to be bound by the terms of The Marcus Corporation's MUTUAL AGREEMENT TO ARBITRATE CLAIMS (the "Agreement") and that this Agreement will cover any claims or disputes arising out of the application process and/or employment with the company. Copies of this policy are available upon request from the theatre Manager.

BY SIGNING THIS APPLICATION YOU ARE ATTESTING THAT YOU HAVE FULLY READ, UNDERSTOOD AND AGREE TO ALL OF THE ABOVE STATED INFORMATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_