



# INFORMATION FOR EMPLOYMENT

The information contained in this application will help us understand you as a person, your needs, and your interests. The information you give will be treated as confidential and will not be made public.

## GENERAL INFORMATION

Last Name		First Name		Middle Name	
CURRENT ADDRESS	No. & Street		City/Town	Province	Postal Code
	Phone Number		Email Address		
Which Landmark Cinemas location are you applying for					
Have you been previously employed by Landmark Cinemas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?	Location	Position held	Reason for leaving Landmark
Do you have relatives working for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		Name		Relationship	Location
		Name		Relationship	Location

## POSITION INFORMATION— Shift varies depends on operational needs, may fall on weekdays, weekends and holidays

Position applying for			Date Available to Start Employment
Salary Expected / hourly	Location Preference (if any)	Are you 15 Years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No

## CAST AVAILABILITY— This is basic availability that is required for our business

Are you available to work at least 2 shifts on Friday, Saturday or Sunday Evenings?  Yes  No

Are you available to work at least 1 closing shift during the week?  Yes  No

## EDUCATION

NAME OF SCHOOL	ATTENDED (MM/YYYY – MM/YYYY)	TYPE OF COURSE	AVERAGE ACHIEVED	HIGHEST GRADE COMPLETED
High School				
College /University				Degrees/Diplomas

If you require assistance or a reasonable accommodation in completing any aspect of the application process, please contact Human Resources at [accessibility@landmarkcinemas.com](mailto:accessibility@landmarkcinemas.com) or 403-254-3983.

I declare that the information provided above in my application for employment is true and complete. I understand that if I am employed, false statements on this application or non-disclosure of facts shall be sufficient cause for dismissal regardless of seniority or other considerations. I hereby authorize all my former employers to release Landmark Cinemas Canada all information about me and my employment with those employers for purposes of allowing Landmark Cinemas Canada to evaluate my suitability for employment. I acknowledge that the first 90 days (30 days in Manitoba) of my employment, if employed, with Landmark Cinemas Canada will be a probationary period.

Signature of applicant: \_\_\_\_\_  
 Signature of guardian (if required): \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_