**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.

|  |  |  |
| --- | --- | --- |
| 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?🞏 Yes 🞏 No  |  If yes, when? |  Location |  Position held |  Reason for leaving Landmark   |
| Do you have relatives working for this company?  If yes, please list:🞏 Yes 🞏 No  | Name |  Relationship |  Location |
| Name |  Relationship |  Location |

 GENERAL INFORMATION

 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?🞏 Yes 🞏 No  | Are you legally entitled to work in Canada?🞏 Yes 🞏 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 NoAre 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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