



APPLICATION FOR EMPLOYMENT

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

GENERAL DATA

Last Name		First Name		Middle Name	
CURRENT ADDRESS	No. & Street		City/Town	Province	Postal Code
	Phone Number		Email Address		
Have you ever been interviewed for a position at Landmark Cinemas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, by whom?		Location	Position applied for
Have you been previously employed by Landmark Cinemas? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		Location	Position held
Do you have a reliable means of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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

EMPLOYMENT HISTORY - Please record last three positions beginning with most recent employer, include volunteer experience

Company Name of Present or Last Employer		Dates From (MM/YYYY) – To (MM/YYYY)		Title/Position	
Location	No. & Street		City/Town	Province	Phone Number
Salary / hourly Start	Salary / hourly Final or Current	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Supervisor's Name and Title	Supervisor's Phone #	
Reason for leaving		Hours per Week:			
Nature of Duties (Be Specific)					Can we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name of Second Last Employer		Dates From (MM/YYYY) – To (MM/YYYY)		Title/Position	
Location	No. & Street		City/Town	Province	Phone Number
Supervisor's Name and Title	Supervisor's Phone #	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Salary / hourly Start	Salary / hourly Final or Current	
Reason for leaving		Hours per Week:			
Nature of Duties (Be Specific)					Can we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name of Present or Last Employer		Dates From (MM/YYYY) – To (MM/YYYY)		Title/Position	
Location	No. & Street		City/Town	Province	Phone Number
Salary / hourly Start	Salary / hourly Final or Current	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer	Supervisor's Name and Title	Supervisor's Phone #	
Reason for leaving		Hours per Week:			
Nature of Duties (Be Specific)					Can we contact this company? <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK / PERSONAL / CHARACTER REFERENCES – May include co-workers, teachers, friends or relatives

Name	Occupation	Relationship	Business or Home Phone Number
Email Address			

Name	Occupation	Relationship	Business or Home Phone Number
Email Address			

Name	Occupation	Relationship	Business or Home Phone Number
Email Address			

Are you of legal age to work according to your provincial labour standard? Yes No

Alberta	Minimum Age 15	Ontario	Minimum Age 14
British Columbia	Minimum Age 12	Saskatchewan	Minimum Age 14
Manitoba	Minimum Age 12	Yukon	Minimum Age 12

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)	Would you be willing to accept a transfer? <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– Please enter the hours you are able to work under the days that you are available

SHIFT	FRIDAY	SATURDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
MATINEE 10 AM to 6PM							
EVENING 4 PM to Close							

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				Degrees/Diplomas
University				Diplomas
Business or Vocational				Certificates
Other				

List academic awards and achievements	Computer skills Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
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High School or University activity involvement	<input type="checkbox"/> Athletics	<input type="checkbox"/> Dramatics	<input type="checkbox"/> Other list :
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Do/Did you hold any office? If so, list

List any trade skills you have:

List activities (community, athletic and present or past memberships in groups):

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: _____

For Theatre use only	
Theatre name: _____	Position interviewed for: _____
Pre-screened by: _____	Date screened: _____