



**Next Act Cinemas**  
 921 Reisterstown Road, Pikesville, Maryland, MD21208  
 (443) 681-8975  
 nextactcinemas@yahoo.com

## Employment Application

*Next Act Cinemas is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.*

Please fill out all the sections below:

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B. \_\_\_\_\_ SSN: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ Date Available \_\_\_\_\_

Position Applying for:	<input type="checkbox"/> Ticket Counter Attendant	<input type="checkbox"/> Concessionaire	<input type="checkbox"/> Bar (Must be 21 or older)
	<input type="checkbox"/> Usher	<input type="checkbox"/> Projectionist	<input type="checkbox"/> Server

How did you hear about this position? \_\_\_\_\_

Have you ever applied to or previously been employed by Next Act Cinemas? Yes No  
  If yes, when? \_\_\_\_\_

Do you have any relatives or acquaintances employed at Next Act Cinemas? Yes No  
  If yes, who? \_\_\_\_\_

What days and times are you available?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Do you have reliable transportation to and from work? YES NO

Please list below the skills and qualifications you possess for the position for which you are applying:

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YES NO

YES NO

Are you a citizen of the United States?   If no, are you authorized to work in the U.S.?

*(Note: Next Act Cinemas complies with ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES NO

If yes, please state nature of the crime (s), when and where convicted and disposition of case:

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

**AT-WILL Employment**

*The relationship between you and the Next Act Cinemas is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Next Act Cinemas. No representative of Next Act Cinemas has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and wither our Executive Vice-President/Chief Operations Officers or the Organization’s President.*

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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