

Dixie Twin Drive-In Application for Employment

Equal Opportunity Employer

Date of Application: _____



Name			
Present Address	City	State	Zip Code
Phone Number		Email Address	

Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Education:

	Name & Location of School	Years Attended	Did you Graduate?
High School			
College			
Trade or Business School			

Employment History – Please provide the last 3 jobs, starting with last one first:

Date Month and Year	Name, Address and Phone of Employer	Salary	Position	Reason for Leaving	May we contact this employer?
From					<input type="checkbox"/> Yes
To					<input type="checkbox"/> No
From					<input type="checkbox"/> Yes
To					<input type="checkbox"/> No
From					<input type="checkbox"/> Yes
To					<input type="checkbox"/> No

Position Desired: _____

How did you learn about the position? _____

Are you legally eligible for employment? Yes No

Are you at least 17 years of age or older? Yes No

Other special training or skills: _____

Have you ever applied for employment with us before? Yes No

Have you ever worked for the Dixie Twin Drive-In Theater? Yes No

If so, when/what position? _____

Do you know anyone who currently work for us or has in the past? Yes No

If so, who? _____

Why would you like to work for the Dixie? _____

What is your favorite movie? _____