



Date	Position Applied For
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APPLICANT INFORMATION

Last Name	First Name	MI	Social Security Number	
Address		City	State	Zip
Home Phone	Mobile Phone	E-Mail Address		
How did you hear about the position? (i.e. Internet, newspaper, person, etc)		Name of individual/source who referred you		

Date Available to Start	Desired Salary	Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
If you are under 18 years old and we require a work permit, can you provide one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any relatives that are / have been employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, When?		If yes, Who?
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain		
(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Rolland Studios will abide by individual state disclosure laws.)		

EDUCATION

High School	Address	
# of Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

College/University	Address	
# of Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Other	Address	
# of Years Completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of current school	City/State of current school
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PREVIOUS EMPLOYMENT (PLEASE BEGIN WITH MOST RECENT POSITION)

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Dates of Employment From _____ To _____		Position(s) held		
Firm	City	State	Phone	
Supervisor		Title		
Responsibilities		Starting Salary	Ending Salary	
Reason for leaving		May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment From _____ To _____		Position(s) held		
Firm	City	State	Phone	
Supervisor		Title		
Responsibilities		Starting Salary	Ending Salary	
Reason for leaving		May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Dates of Employment From _____ To _____		Position(s) held		
Firm	City	State	Phone	
Supervisor		Title		
Responsibilities		Starting Salary	Ending Salary	
Reason for leaving		May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills, certifications, licenses or qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service.

SCHEDULE AVAILABILITY

PLEASE CHECK SCHEDULE AVAILABILITY:

I am available & desire to work FULL-TIME (35 + hours) & do not have restrictions on my hours and days. (Complete Section B.)

I am available & desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).

A. I am only available for PART-TIME because:

Student Other Job Other (explain) _____

HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

REFERENCES

Please list the names, mailing & email address and telephone numbers of three professional references other than the supervisors named above.

Name		Title		
Company		Email Address		
Street Address		City	State	Zip
Phone:		Mobile:		

Name		Title		
Company		Email Address		
Street Address		City	State	Zip
Phone:		Mobile:		

Name		Title		
Company		Email Address		
Street Address		City	State	Zip
Phone:		Mobile:		

Rolland Studios is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Rolland Studios to verify their accuracy and to obtain reference information on my work performance. I hereby release Rolland Studios from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything stated during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

Full Name (Print): _____ Applicant's SSN: _____ - _____ - _____