
DATE

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

Are you 16 or older? Yes No What date are you available to start working? _____

Why are you interested in working for Bryn Mawr Film Institute?

Have you ever worked at a movie theater before? If so, please list.

Please indicate your available hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How often do you see movies in the theater?

How often do you rent/stream/purchase movies in your home?

Have you seen any movies at Bryn Mawr Film Institute in the past year? If yes, which ones?

What will you bring to Bryn Mawr Film Institute?

Are you a member of the theater? Yes No Have you ever volunteered here? Yes No

Tell us more about yourself. What are your non-movie related interests?

EDUCATION

	Name and Location	Years Attended	Did you graduate?	Degree/Diploma Earned
High School			<input type="radio"/> Yes <input type="radio"/> No	
College			<input type="radio"/> Yes <input type="radio"/> No	
Graduate School			<input type="radio"/> Yes <input type="radio"/> No	
Other			<input type="radio"/> Yes <input type="radio"/> No	

WORK EXPERIENCE: *Please list your last three employers, starting with the most recent*

Employer Name	Location	Dates Employed	Position	Salary	Reason for Leaving

Are you currently employed? Yes No May we contact your current employer? Yes No

Do you have any additional skills or training? If so, please list.

Have you ever been arrested or convicted of a crime? If yes, please explain. Yes No

REFERENCES: *Provide three personal references who are not relatives*

Name	Address	Phone	Relationship

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from the utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE

DATE