



DATE: _____

FEI THEATRES -220 MASSACHUSETTS AVENUE- ARLINGTON, MA 02174

APPLICATION FOR PART-TIME EMPLOYMENT

COMPANY NAME: FRAIMAN ENTERPRISES, INC., D/B/A FEI THEATRES, FRAMEONE THEATRES, CAPITOL THEATRE, CRYSTAL BALLROOM AND SOMERVILLE THEATRE

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLES OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please Print Clearly

Applicant Name _____ Position Applied For _____

Telephone Number () _____ - _____ Alternate Phone Number () _____ - _____

Present Address Of Residence _____

City _____ State _____ Zip _____ How long have you lived there? _____

Email Address _____

Are you over the age of 18? YES / NO

If you are under 18, can you produce the necessary work certificate at the time of employment? YES / NO

Are you willing to work overtime? YES / NO Date on which you can start work if hired _____

Have you previously applied for employment with this Company? YES / NO If yes, when did you apply? _____

Have you ever been employed by this company or any other FEI THEATRES company? YES / NO
If YES, provide dates of employment, location, and reason for separation from employment here: _____

What days of the week are you available to work? _____

Can you work nights, weekends, and holidays? YES / NO If NO, explain _____

EDUCATION	SCHOOL NAME	LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	HONORS RECEIVED
HIGH SCHOOL					
COLLEGE					
POST GRAD					
OTHER					

WORK EXPERIENCE

Please list the names of your present and previous employers in chronological order with most recent employer listed first. Provide information for the most recent 5 year period. Attach additional sheets if needed. If self employed, supply firm name and business references. You may include any verifiable work performed on a voluntary basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you from employment. Do not answer "see résumé."

Employer Name _____ Type of Business _____

Address _____ Telephone() _____ - _____

Dates Employed (M/D/Y) From _____ to _____ Job Title _____

Duties _____

Supervisor's Name _____ Contact Phone Number _____

(If no contact info listed, why?)

Reason for Leaving _____ How Much Notice Did You Give When You Left? _____

If contacted, what will this employer say is the reason your employment ended? _____

Were you ever disciplined at this job? If so, for what? _____

Employer Name _____ Type of Business _____

Address _____ Telephone() _____ - _____

Dates Employed (M/D/Y) From _____ to _____ Job Title _____

Duties _____

Supervisor's Name _____ Contact Phone Number _____

(If no contact info listed, why?)

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Employer Name _____ Type of Business _____

Address _____ Telephone() _____ - _____

Dates Employed (M/D/Y) From _____ to _____ Job Title _____

Duties _____

Supervisor's Name _____ Contact Phone Number _____

(If no contact info listed, why?)

Reason for Leaving _____ How Much Notice Did You Give When You Left? _____

If contacted, what will this employer say is the reason your employment ended? _____

Were you ever disciplined at this job? If so, for what? _____

Have you ever been terminated or asked to resign from any job? YES / NO If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? YES / NO If yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? YES / NO If yes, how many times? _____

If you answered YES to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES [Optional]

Please list the names of additional work-related references we make contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	SUPERVISOR OR CO-WORKER?	TELEPHONE

Please list the names of personal references (not previous employers or relatives) that we may contact.

NAME	OCCUPATION	RELATIONSHIP TO YOU	NUMBER OF YEARS KNOWN	TELEPHONE

APPLICANT CERTIFICATION

I understand that the Company may now have, or may establish, a drug-free workplace and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policy and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all of the information in this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLES OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT --EITHER EXPRESS OF IMPLIED-- WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete the requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States of America by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States of America.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant's Signature _____ **Date (M/D/Y)** _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date (M/D/Y)

Date (M/D/Y)

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.