

Reading International, Inc. <u>APPLICATION</u>

Reading International, Inc./City Cinemas/Angelika Film Center and Cafe is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

PERSONAL INFORMATION Name Last	MATION (Please Print) First	Midd	lle SS#	Today's Date (M/D/Y)
			No <i>If yes, list co</i>	years of age? Yes No nonvictions that are a matter of employment.
Present Address	Street	City	State/Province	Zip Code/Postal Code
Permanent Address	Street	City	State/Province	Zip Code/Postal Code
Phone Number	Daytime	Evening	Referred By	
EDUCATIONAL BAC	CKGROUND	Email addres	s:	
EDUCATION	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT AREA
High School				
College				
Graduate School				
Trade, Business or Correspondence				
INTERESTS/HOBB: Please describe your int you ever worked on a fi	erest or background in film.	For instance (a) do you lo	ove film, (b) have you take	n film related classes, or (c) have
Please list any other spe	ecial training, education or sl	kills (including computer o	r other technical skills) that	t enhance your qualifications?
Please use this space to you think may be releva		(i.e. your hobbies, interes	ts, professional association	s you belong to or any other info

FORMER EMPLOYERS

List below current and last employer, starting with most recent one first. Please include any non-paid/volunteer experience which is relevant to the job for which you are applying. **Please complete even if you attach a resume**.

From To		loyer (Name & Address of rs – Type of Business)	Salary or Hourly Starting Ending If hourly, average #	Position	Reason For Leaving	
			of hours per week			
Outies Perfor	med					
upervisor's Name		Phone Nu	umber	May We Cont	May We Contact	
rom	Previous Emp	ployer (Name & Address of	Salary or Hourly	Position	Reason For Leaving	
ō	Employers – Type of Business)		Starting Ending If hourly, average # of hours per week			
Outies Perfor	med		or riodis per week			
Supervisor's I	ipervisor's Name		umber	May We Contact		
NAME OF REFERENCE		PHONE NUMBER	ADDRESS	HOW	HOW LONG HAVE YOU KNOWN?	
er matters re ployers and d vious employe t misrepresen derstand that	elated to my suitable proganizations confirment and I release thation or omission nothing contained tract. I understa	ational, Inc. or its affiliates to ability for employment. I autitacted by Reading Internation se all persons, school, and employed in this application, or conversed that filling out this form	horize persons, schools, my hal, Inc. to provide any rele ployers of any and all claim on of this application, or if h eyed during any interview w	current employer (evant information re s for providing such ired, discipline up t hich may be grante	(if applicable), and previce egarding my current and in information. I understate o and including dismissal. ed, is intended to create	
hout notice to h or without r	the Company, fo	ny is "at-will." As an at-will en r any reason, with or without o son, with or without cause. Y t.	cause. Likewise, the Compar	ny may terminate yo	our employment at any tin	
	Applicant's Sign	nature		D	Pate	