



PARAGON FILMS, INC.

3500 West Tacoma • Broken Arrow, OK 74012-1164
(918) 250-FILM • FAX (918) 355-3456

APPLICATION FOR EMPLOYMENT

DATE

Please answer each question completely, accurately, and in a legible manner.
If you need assistance in completing this application, please contact our receptionist.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE	HOME PHONE
PRESENT ADDRESS	STREET	CITY	STATE ZIP CODE
IF NECESSARY, THE BEST TIME TO CONTACT YOU AT HOME:		SOCIAL SECURITY NUMBER	E-MAIL ADDRESS
DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU OVER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO		(Record of conviction does not disqualify the applicant from employment consideration.)	
IF YES, PLEASE EXPLAIN: _____			
In the case of an emergency, please list a contact name, and phone number: _____			

EMPLOYMENT DESIRED

POSITION APPLIED FOR	SALARY DESIRED
IF NECESSARY, DATE AVAILABLE TO START	IF REQUIRED, WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE THERE ANY DAYS OR HOURS YOU WOULD BE UNWILLING TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE SPECIFY: _____	
HAVE YOU EVER WORKED FOR PARAGON FILMS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER APPLIED TO PARAGON FILMS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOW DID YOU LEARN OF PARAGON FILMS AND/OR THE POSITION YOU ARE APPLYING FOR?	
PLEASE REVIEW THE JOB DESCRIPTION AND ANSWER THE FOLLOWING QUESTIONS.	
IS THERE ANY REASON YOU WOULD BE UNABLE TO PERFORM ALL OF THE ESSENTIAL FUNCTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain in detail.	
IS THERE ANY REASON YOU WOULD BE UNABLE TO PERFORM ALL OF THE MINIMUM REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain in detail.	

EDUCATION

Please list any high school, college, or trade school attended.

SCHOOL NAME AND ADDRESS	NO. OF YEARS ATTENDED	DEGREE RECEIVED	MAJOR COURSES OF STUDY

List any activities, honors, or offices held during high school and/or college:

List any special skills you possess (examples: typing, shorthand, computer or word processing experience, languages you speak fluently):

EMPLOYMENT HISTORY

List present and past employers (starting with your present or most recent employer), including military. Please explain any gaps in employment history in the "Comments" section below.

EMPLOYER NAME, ADDRESS & PHONE	POSITION HELD	SALARY	DATES EMPLOYED	REASON FOR LEAVING
		STARTING	FROM	
		ENDING	TO	
		ENDING SALARY	DATES EMPLOYED	
		STARTING	FROM	
		ENDING	TO	
		ENDING SALARY	DATES EMPLOYED	
		STARTING	FROM	
		ENDING	TO	
		ENDING SALARY	DATES EMPLOYED	
		STARTING	FROM	
		ENDING	TO	
		ENDING SALARY	DATES EMPLOYED	
		STARTING	FROM	
		ENDING	TO	
		ENDING SALARY	DATES EMPLOYED	
		STARTING	FROM	
		ENDING	TO	

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

COMMENTS

REFERENCES

List the name, address, and telephone number of three references who are not related to you and who have known you for at least one year.

NAME	ADDRESS	TELEPHONE NO.	YEARS KNOWN

I understand and agree that all facts contained in this application for employment are true and complete to the best of my knowledge. Paragon Films has my permission to investigate all statements made by me within this application. I further understand that any misrepresentations by me contained in this application for employment shall be grounds for dismissal of this application, or immediate separation from Paragon Films if I have been employed. I also understand that this application for employment does not constitute an employment contract and that, if offered, employment with Paragon Films should be considered as employment-at-will and that I may choose to resign, or Paragon may terminate me, at any time or for any reason, without notice.

SIGNATURE _____

DATE _____