



Employment Application

Date: _____

PERSONAL INFORMATION

Name _____ Social Security No. _____ - _____ - _____

Home Address _____ City _____ State _____ Zip _____

Phone: Home (____) _____ Work (____) _____ May we contact you at work? Yes No

Are you 18 years or older? Yes No If no, please state your birthdate _____

Position you are applying for _____ Salary Desired _____

How did you hear about this position? _____

Date you will be available _____

Full-Time Are you able to work overtime? Yes No

Part-Time (please specify days/hours available) _____

Why would you like to work at Mike's Camera? _____

LEGAL

Are you legally eligible for employment in the U.S.? Yes No (Proof of citizenship or immigration status will be required if hired)

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If yes, please explain the offense(s) and the final disposition(s): _____

Have you ever been discharged by any employer? Yes No

If yes, please list name(s) of the employer(s) _____

Reason for the discharge(s) _____

In compliance with various Federal, State and local laws and ordinances Mike's Camera is a drug-free and smoke-free workplace. If requested, would you take a drug test? Yes No

EDUCATION AND TRAINING

| | | | | | | |
|-------------|---------|------|-------|-----|-----------------------------|--------------------------------------|
| High School | Address | City | State | Zip | Degree/ Subjects Studied | Graduated?(Y/N) and Yrs Completed |
|-------------|---------|------|-------|-----|-----------------------------|--------------------------------------|

| | | | | | | |
|---------|---------|------|-------|-----|-----------------------------|-------------------------------------|
| College | Address | City | State | Zip | Degree/ Subjects Studied | Graduated?(Y/N) or Yrs Completed |
|---------|---------|------|-------|-----|-----------------------------|-------------------------------------|

| | | | | | | |
|-----------------|---------|------|-------|-----|-----------------------------|-------------------------------------|
| Graduate School | Address | City | State | Zip | Degree/ Subjects Studied | Graduated?(Y/N) or Yrs Completed |
|-----------------|---------|------|-------|-----|-----------------------------|-------------------------------------|

| | | | | | | |
|-------|---------|------|-------|-----|-----------------------------|-------------------------------------|
| Other | Address | City | State | Zip | Degree/ Subjects Studied | Graduated?(Y/N) or Yrs Completed |
|-------|---------|------|-------|-----|-----------------------------|-------------------------------------|

PERSONAL REFERENCES

Please do not include relatives or former employers. List only references you have known for one (1) year or more.

| | |
|-----------------------|--------------------|
| Name _____ | Occupation _____ |
| Current Address _____ | Phone Number _____ |

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|-----------------------|--------------------|
| Name _____ | Occupation _____ |
| Current Address _____ | Phone Number _____ |

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|-----------------------|--------------------|
| Name _____ | Occupation _____ |
| Current Address _____ | Phone Number _____ |

PHOTOGRAPHIC TRAINING AND EXPERIENCE

In this section, please expand on your experience in photography as indicated.

Have you ever received training or attended photography classes? Yes No

If yes, please list the name and location of the institution and the subject(s) covered:

| | | |
|------------------|----------|------------|
| _____ | _____ | _____ |
| Institution Name | Location | Subject(s) |
| _____ | _____ | _____ |
| Institution Name | Location | Subject(s) |
| _____ | _____ | _____ |
| Institution Name | Location | Subject(s) |

Have you ever worked as a professional photographer? Yes No

If yes, please list the type of photography and location where the work was performed.

SALES TRAINING AND EXPERIENCE

Please explain any specialized sales training you have had. Include the name and location as well as dates of training or employment. Also, please list the type of sales training (i.e. retail, door-to-door, telephone, etc...)

Specialized Sales Training:

| | | | |
|----------|----------|---------------|-------|
| 1. _____ | _____ | _____ | _____ |
| Company | Location | Type of Sales | Date |
| 2. _____ | _____ | _____ | _____ |
| Company | Location | Type of Sales | Date |
| 3. _____ | _____ | _____ | _____ |
| Company | Location | Type of Sales | Date |

LAB TRAINING AND EXPERIENCE

If applying for a lab position, please list all formal training with lab equipment. Include a list of equipment, which you have either been trained to use, or with which you have had experience, or with which you are familiar, and your proficiency with that equipment.

Training:

| | | | |
|---------|----------------------------|-------------|-------|
| _____ | _____ | _____ | _____ |
| Company | Equipment (Make and Model) | Proficiency | Date |
| _____ | _____ | _____ | _____ |
| Company | Equipment (Make and Model) | Proficiency | Date |
| _____ | _____ | _____ | _____ |
| Company | Equipment (Make and Model) | Proficiency | Date |

OFFICE AND COMPUTER EXPERIENCE

Please indicate general office equipment you can operate _____

Can you type? Yes No Words per minute _____

Can you use a ten-key calculator by touch? or sight? Keys per minute _____

Please indicate the general office functions you have performed in past employment.

- Filing / Maintaining files Receptionist Accounting
 Invoicing Management General Secretarial

Computer Operations (Please list your proficiency with the following programs)

- | | | | | |
|-----------|-----------------------------------|---------------------------------------|-----------------------------------|--|
| DOS | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |
| Windows | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |
| Word | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |
| Excel | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |
| Act | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |
| PhotoShop | <input type="checkbox"/> advanced | <input type="checkbox"/> intermediate | <input type="checkbox"/> beginner | <input type="checkbox"/> no experience |

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS. MIKE'S CAMERA IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

PLEASE READ CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, education, background, credit record and/or criminal history, as that information may pertain to my employment by Mike's Camera. I authorize anyone possessing this information to furnish it to Mike's Camera and/or a 3rd party company upon request and release anyone so authorized, Mike's Camera and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Mike's Camera.

I understand and agree that if employed, the employment will be "at will". That is, either Mike's Camera or myself may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Mike's Camera does not imply employment and that this application and/or any other Mike's Camera documents are not contracts of employment.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

FOR OFFICE USE ONLY

Interviewed by _____ Date _____

Hired Yes No Full-Time Part-Time Starting Wage _____

Department _____ Department Code _____ Reporting Date _____

Approved by _____ Title _____

Employee Number _____ Timecard # _____

Entered _____

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EMPLOYMENT HISTORY

Please list employment starting from your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

May we contact your present employer? Yes No

| | | | | | | |
|----------------------|---|-------------------|---|--------------------|-------|-----------------|
| From | <u> </u> / <u> </u> / <u> </u> month / year | To | <u> </u> / <u> </u> / <u> </u> month / year | | | |
| Company Name | _____ | Supervisor's Name | _____ | Phone | _____ | |
| Address | _____ | | City | _____ | State | _____ Zip _____ |
| Starting Wage | _____ | Final Wage | _____ | Reason for Leaving | _____ | |
| Job Responsibilities | _____ | | | | | |

| | | | | | | |
|----------------------|---|-------------------|---|--------------------|-------|-----------------|
| From | <u> </u> / <u> </u> / <u> </u> month / year | To | <u> </u> / <u> </u> / <u> </u> month / year | | | |
| Company Name | _____ | Supervisor's Name | _____ | Phone | _____ | |
| Address | _____ | | City | _____ | State | _____ Zip _____ |
| Starting Wage | _____ | Final Wage | _____ | Reason for Leaving | _____ | |
| Job Responsibilities | _____ | | | | | |

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|----------------------|---|-------------------|---|--------------------|-------|-----------------|
| From | <u> </u> / <u> </u> / <u> </u> month / year | To | <u> </u> / <u> </u> / <u> </u> month / year | | | |
| Company Name | _____ | Supervisor's Name | _____ | Phone | _____ | |
| Address | _____ | | City | _____ | State | _____ Zip _____ |
| Starting Wage | _____ | Final Wage | _____ | Reason for Leaving | _____ | |
| Job Responsibilities | _____ | | | | | |

| | | | | | | |
|----------------------|---|-------------------|---|--------------------|-------|-----------------|
| From | <u> </u> / <u> </u> / <u> </u> month / year | To | <u> </u> / <u> </u> / <u> </u> month / year | | | |
| Company Name | _____ | Supervisor's Name | _____ | Phone | _____ | |
| Address | _____ | | City | _____ | State | _____ Zip _____ |
| Starting Wage | _____ | Final Wage | _____ | Reason for Leaving | _____ | |
| Job Responsibilities | _____ | | | | | |

| | | | | | | |
|----------------------|---|-------------------|---|--------------------|-------|-----------------|
| From | <u> </u> / <u> </u> / <u> </u> month / year | To | <u> </u> / <u> </u> / <u> </u> month / year | | | |
| Company Name | _____ | Supervisor's Name | _____ | Phone | _____ | |
| Address | _____ | | City | _____ | State | _____ Zip _____ |
| Starting Wage | _____ | Final Wage | _____ | Reason for Leaving | _____ | |
| Job Responsibilities | _____ | | | | | |