



Employment Application

Applicant Information										
Full Name:							Date:			
<i>Last</i>				<i>First</i>			<i>M.I.</i>			
Address:										
<i>Street Address</i>							<i>Apartment/Unit #</i>			
<i>City</i>							<i>State</i>		<i>ZIP Code</i>	
Home Phone:		()			E-mail Address:					
Cell Phone:		()			Social Security No.:					
Type of employment desired – check all that apply		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Temporary <input type="checkbox"/>		Seasonal <input type="checkbox"/>		
Date Available:							Desired Salary:		\$	/hr
Position Applied for:										
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
If yes, explain:										
Have you ever pleaded “guilty”, “no contest” or been convicted of a crime?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
If yes, explain:										
Education										
GED:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
High School:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:					Address:					
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
References										

Please list two professional references.

Full Name:		Relationship:	
Company:			
Address:			
<i>Street Address</i>			
<i>City</i>			<i>State</i>
<i>ZIP Code</i>			
Office phone:	()	E-mail Address:	
Full Name:		Relationship:	
Company:			
Address:			
<i>Street Address</i>			
<i>City</i>			<i>State</i>
<i>ZIP Code</i>			
Office phone:	()	E-mail Address:	

Previous Employment

Company:							
Address:							
<i>Street Address</i>							
<i>City</i>					<i>State</i>	<i>ZIP Code</i>	
Supervisor:					Phone:	()	
Job Title:			Starting Salary:	\$	/hr	Ending Salary:	\$
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES	NO		
				<input type="checkbox"/>	<input type="checkbox"/>		
Company:							
Address:							
<i>Street Address</i>							
<i>City</i>					<i>State</i>	<i>ZIP Code</i>	
Supervisor:					Phone:	()	
Job Title:			Starting Salary:	\$	/hr	Ending Salary:	\$
Responsibilities:							

From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company Information					
Company:					
Address:					
<i>Street Address</i>					
<i>City</i>				<i>State</i>	<i>ZIP Code</i>
Supervisor:				Phone:	()
Job Title:			Starting Salary:	\$ /hr	Ending Salary: \$ /hr
Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Military Service					
Branch:				From:	To:
Rank at Discharge:			Type of Discharge:		
If other than honorable, explain:					
Disclaimer and Signature					

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Photogenic, Inc., hereby known as "The Company", may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics or mode of living.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Please Print Clearly:

Print Full Name:

Sex: Male Female

Print other names you have used:

Current Address (Street, City, State, Zip Code)

Current Driver's License Number: Issuing State:

Other Driver's License Number: Issuing State:

Social Security Number - -

D/O/B:

Print Residences in the previous 2 years (City & State)

Street Address	City:	State:	ZIP
Street Address	City:	State:	ZIP
Street Address	City:	State:	ZIP



Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize Photogenic, Inc. to procure a Consumer Report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature _____

Date: _____



Availability

YOUR NAME _____

Date _____

PLEASE NOTE: IF HIRED, WE SCHEDULE YOU BASED ON THIS INFORMATION. PLEASE BE ACCURATE!

(Please note the days/times you are available. Write "open" if can work any hours.

How many hours would you like to work each week? _____ **What is the date you can start?**

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Are you a student? _____ When does school start? _____ Will this change your availability? _____. If yes, how many hours would you like to work during the school year?

The above availability is the availability for which you may be hired. Once hired, your availability may only be changed with the consent of a manager. YOU CANNOT CHANGE YOUR AVAILABILITY WITHOUT AT LEAST 2 WEEKS NOTICE. Each week's schedule is prepared well in advance of the actual work date.

Please advise if you are available for these holidays. WE SHOW PREFERENCE TO THOSE WHO CAN WORK HOLIDAYS. IF YOU STATE ON THIS FORM THAT YOU CAN WORK A HOLIDAY YOU WILL BE SCHEDULED FOR IT.

Thanksgiving (Thursday, November 24th): _____

Post Thanksgiving Weekend

Friday, November 25th: _____

Saturday, November 26th: _____

Sunday, November 27th: _____

Christmas Eve (Sunday, December 24th): _____

New Years Eve (Sunday, December 31st): _____

New Years Day (Monday, January 1st): _____