



Mike's Camera - California

Date: _____

PERSONAL INFORMATION

Name _____

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 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 _____

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	____ / ____ month year	To	____ / ____ month year				
Company Name	_____	Supervisor's Name	_____	Phone	_____		
Address	_____	City	_____	State	_____	Zip	_____
Reason for Leaving	_____						
Job Responsibilities	_____						

From	____ / ____ month year	To	____ / ____ month year				
Company Name	_____	Supervisor's Name	_____	Phone	_____		
Address	_____	City	_____	State	_____	Zip	_____
Reason for Leaving	_____						
Job Responsibilities	_____						

From	____ / ____ month year	To	____ / ____ month year				
Company Name	_____	Supervisor's Name	_____	Phone	_____		
Address	_____	City	_____	State	_____	Zip	_____
Reason for Leaving	_____						
Job Responsibilities	_____						

From	____ / ____ month year	To	____ / ____ month year				
Company Name	_____	Supervisor's Name	_____	Phone	_____		
Address	_____	City	_____	State	_____	Zip	_____
Reason for Leaving	_____						
Job Responsibilities	_____						

From	____ / ____ month year	To	____ / ____ month year				
Company Name	_____	Supervisor's Name	_____	Phone	_____		
Address	_____	City	_____	State	_____	Zip	_____
Reason for Leaving	_____						
Job Responsibilities	_____						

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 _____

Name _____	Occupation _____
Current Address _____	Phone Number _____

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 all computer programs you have experience with_____

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)

- Windows advanced intermediate beginner no experience
- Word advanced intermediate beginner no experience
- Excel advanced intermediate beginner no experience
- Adobe PhotoShop Version_____

Browser: Chrome Firefox Internet Explorer Other_____

Mobile OS: Android IOS Windows Other_____

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 OF CALIFORNIA, LLC 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

I, the undersigned consumer, do hereby authorize Mike's Camera of California, LLC to procure a consumer report and /or investigative consumer report on me for employment purposes. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with Mike's Camera of California, LLC for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications, personal references; personal interviews, my personal credit history based on reports from any credit bureau: my driving history, including any traffic citations; a social security number verification, present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Mike's Camera of California, LLC, including, but not limited to any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business, entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. 1681 et.seq.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

I understand and agree that if employed, the employment will be “at will”; that is, either Mike’s Camera of California, LLC 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 of California, LLC does not imply employment and that this application and/or any other Mike’s Camera of California, LLC 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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