



Mike's Camera - Colorado

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 _____ Email: _____

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 _____

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 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 _____