



Employment Application

Date: ____ / ____ / ____
Position: _____

Richmond Camera is an equal opportunity employer.

Personal

Name _____
(Last) (First) (Middle)

Address _____ City _____ State _____ Zip _____

How long have you lived at your current address? _____

Home Phone (____) _____ - _____ Business Phone (____) _____ - _____

Previous Address _____ City _____ State _____ Zip _____

Are you at least 18 years of age or older? ____Y____N Is your driving record clear? ____Y____N

If not, please explain any violations or convictions: _____

Have you ever been convicted of a felony? ____Y____N If so, please explain: _____

Please note: answering Yes to any of these questions may not necessarily disqualify you from the position you desire. Each action and explanation will be weighted/considered in relationship to the position for which you are applying.

Employment

Please give a complete full or part-time employment record. Please begin with your present or most recent employer.

Company Name _____

Address _____ City _____ State _____ Zip _____

From ____/____/____ To ____/____/____ Supervisor's name _____ Phone (____) _____ - _____

Job Title and Description of Duties _____

Reason for Leaving _____

Company Name _____

Address _____ City _____ State _____ Zip _____

From ____/____/____ To ____/____/____ Supervisor's name _____ Phone (____) _____ - _____

Job Title and Description of Duties _____

Reason for Leaving _____

Company Name _____

Address _____ City _____ State _____ Zip _____

From ____/____/____ To ____/____/____ Supervisor's name _____ Phone (____) _____ - _____

Job Title and Description of Duties _____

Reason for Leaving _____

Experience

State any experience directly related to photography _____

Education

College Name: _____
Address _____ City _____ State _____
No. of years completed: _____ Did you graduate? _____ Degree/Diploma _____

High School Name: _____
Address _____ City _____ State _____
No. of years completed: _____ Did you graduate? _____ Degree/Diploma _____

Other Name: _____
Address _____ City _____ State _____
No. of years completed: _____ Did you graduate? _____ Degree/Diploma _____

Extracurricular Activities: _____

Personal References

1. Name: _____
Phone: (____) _____ - _____ How long have you known this person? _____

2. Name: _____
Phone: (____) _____ - _____ How long have you known this person? _____

3. Name: _____
Phone: (____) _____ - _____ How long have you known this person? _____

Availability

If hired, when would you be available to begin? _____

Are you interested in working ___ Full time ___ Part time If part-time, how many hours a week? _____

Do you prefer to work ___ Days ___ Nights Can you work overtime if needed? _____

If you're a student, please list your schedule of classes. For non-students, please list any regular commitments that might interfere with your work schedule.

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

Office/Computer Skills

Can you type? ___ Y ___ N How many words per minute? _____

Please indicate any office equipment or standard office software you can operate _____

I attest to the truthfulness of any and all information and answers provided above. Any false or misleading statements will be grounds for denial of employment or discharge. I understand that the company will be checking in to my references and employment background. I authorize Richmond Camera to do so and release liability anyone giving or obtaining such background information. This application does not constitute a contract of employment or an indication that any jobs are available. Any employment with Richmond Camera is at-will, meaning the employer or employee can end the employment relationship at any time for any or no reason and with or without notices. My signature below verifies that I have read and understand the foregoing statements.

Applicant Signature: _____ Date: _____