

EMPLOYMENT APPLICATION

It is our policy to provide equal employment opportunities and will not unlawfully consider any factors of race, religion, age, creed, national origin, gender, disability, sexual orientation, veteran status, genetic information or any and all other unlawful biases regarding federal, state, or local laws with regard to workers or applicants.

To be considered for employment, all applicants must fill out this form completely. This application will be given every consideration, but its receipt does not imply that our company will employ the applicant. This form becomes a part of your employment record if you are hired. This application is valid for 30 days.

Date: _____ Name in full: _____

Are you 18 years or older? Yes No Are you authorized to work in the U.S.? Yes No

Present address (including City, State, Zip): _____

Telephone No.: _____ Alternate/ Cell phone number: _____ Salary Desired: _____

Job applying for: _____ Date available to start: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

If yes, where and who do we contact? _____

Are you on a layoff status and subject to recall? Yes No

IMPORTANT – PLEASE GIVE NAME AND ADDRESS OF LAST THREE EMPLOYERS:

EMPLOYER	ADDRESS	TYPE OF WORK	TO	FROM	WAGES

Please explain any gaps of employment: _____

Education: _____ Last grade completed: _____

Military Service: _____

Have you ever been convicted or pled guilty or no contest to any criminal offense? (Criminal convictions are not an automatic bar from employment but will only be considered in relation to specific job requirements.) Yes No

If the position requires travel, are you able? Yes No

Do you have reliable transportation? Yes No

If required, DL# _____ State: _____

Will you abide by the safety rules of this Company? Yes No

Have you ever been terminated from employment? Yes No If yes, explain: _____

REFERENCES:

NAME	PHONE/ADDRESS	POSITION	YEARS KNOWN

(Turn over and complete the back)

PLEASE EMAIL COMPLETED APPLICATION TO: jobs@southcoastphotographic.com

EMPLOYMENT APPLICATION

Additional Terms and Conditions of Employment

Initials:

_____ I certify that the answer given by me to the foregoing questions and statements on the employment application and/or during the employment interview process are true and correct without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination because of falsity of statements, answers or omissions made by me in this application.

_____ I understand that this application is designed for use with several types of jobs and some questions may not be completely applicable to the position for which I am applying.

_____ I authorize the companies, schools, persons or entities given during the employment process, and the employer (if employed), while employed, during internal investigations, as references or past employers or affiliations, to give any information regarding my employment, character, qualifications, certifications and licenses, and hereby releases said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment, commencement, or continuation of any employment duties where elements are job-related.

_____ I understand that a background check may be conducted during the employment process and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

_____ I understand that a credit card check may be conducted during the employment process and that if employed, a background check may be conducted periodically as deemed necessary by the employer.

_____ I understand that I may be required to have a medical examination and/or drug and alcohol test after an offer of employment has been made and prior to the commencement of my employment duties as well as any time throughout my employment according to company policy. A favorable result on the medical examination and/or drug and alcohol test would be a condition of my employment or commencement of any employment duties.

_____ I realize that operating conditions may require me to shift or work hours scheduled other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.

_____ I understand that my employment is not for a specified or definite term and that I may resign, or I may be discharged at any time, for any reason, with or without good cause and with or without prior notice. I further understand that this policy cannot be changed or amended except by written agreement signed by me and by a corporate officer. I understand that this is an application for employment and that no employment contract is being offered.

_____ I understand that only United States citizens or aliens who are legally entitled to work in the United States are eligible for employment.

_____ My employment shall be in accordance with the terms of this application, all safety and incident reporting rules, and all other Company rules and regulations. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will be bound by the rules and regulations now or hereafter in effect.

_____ I certify that as part of the application process, I have been provided with a written job description or have had the opportunity to review and/or discuss the requirements for the position or _____. I certify that I understand each requirement and that I am capable of meeting each and every requirement.

Signature: _____ Date: _____

Printed Name: _____