



# Photo-Sonics, Inc.

## Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status, or any other legally protected status.

Position Applied For		Date Of Application
How did you hear about us?		
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend _____	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address Street	City	State Zip Code
Email Address	Telephone Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before? If yes, please give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before? If yes, please give date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Earliest Start Date: _____		
What is your desired salary range? _____		
Are you available to work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Education Schools attended

<b>High School</b>				Number of Years Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City	State	Zip	Type of diploma, degree or certificate	
<b>College</b>				Number of Years Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City	State	Zip	Type of diploma, degree or certificate	
<b>University</b>				Number of Years Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City	State	Zip	Type of diploma, degree or certificate	
<b>Graduate School</b>				Number of Years Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City	State	Zip	Type of diploma, degree or certificate	
<b>Trade School</b>				Number of Years Attended	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City	State	Zip	Type of diploma, degree or certificate	

Describe any specialized training, apprenticeship skills, and extra-curricular activities

## Other Qualifications/Specialized Skills

Summarize special job-related skills and qualifications acquired from employment or other experience (i.e. products, machinery, software, industry specific applications)

# Employment Experience

Start with your current or most recent job and work backward to cover the last 7 years of your career, if applicable. You may exclude organizations which indicate race, color, religion, gender; national origin, disabilities, or other protected status.

Employer (Employer or Agency Name)	Dates Employed Start Date      End Date		Job Title
Address	City	State	Zip Code
Reason for leaving			Supervisor's Name

Employer (Employer or Agency Name)	Dates Employed Start Date      End Date		Job Title
Address	City	State	Zip Code
Reason for leaving			Supervisor's Name

Employer (Employer or Agency Name)	Dates Employed Start Date      End Date		Job Title
Address	City	State	Zip Code
Reason for leaving			Supervisor's Name

Employer (Employer or Agency Name)	Dates Employed Start Date      End Date		Job Title
Address	City	State	Zip Code
Reason for leaving			Supervisor's Name

# References

Please provide references, ensuring at least one is a former manager or supervisor.

References will only be contacted if a conditional offer is made and the background check process has begun.

Name	Phone number
Job Title	Email Address
Company Name	

Name	Phone number
Job Title	Email Address
Company Name	

## Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date