



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability. You may request any needed accommodation to participate in the application process. PLEASE PRINT OR TYPE. ANSWER ALL QUESTIONS COMPLETELY.

GENERAL INFORMATION

Name (Last) First Middle Social Security No.

Have you ever worked or attended school under a different name? Yes No If so, what name?

Current Address, including City, State & Zip Code

Email Address Phone No. (include Area Code)

Have you previously been employed by this company? Yes No If yes, state dates employed and location. Have you previously applied for employment with this company? Yes No If yes, when?

Have you ever been convicted with or without trial of, pleaded guilty or no contest to, or otherwise been found to have committed an offense against the law? Yes No If yes, give date, place, charge and disposition.

Source of learning of this company or about specific job opening.

List names of any friends or relatives working for this company. Are you on lay-off and subject to recall? Yes No

Position applied for: Date available to start work: Minimum acceptable wage, salary or commission rate:

Apart from absences for religious observances, will you be available for work as follows: (check all that apply) Full Time Part Time Temporary Day Evening

Apart from absences for religious observances, are there any days or hours you cannot work or will not work? Yes No If yes, state days or hours you cannot or will not work.

How many days were you absent (excluding vacations) from work during the last 12 months?

Do you have a method of transportation that will allow you to arrive at work on time and work until the end of your shift, whatever your assigned work schedule? Yes No

If you are hired, will you be able to provide documentation that verifies your identity and legal authorization to work in the United States? If no, why not?

EMPLOYMENT HISTORY

In consecutive (reverse) order starting with your present or most recent position, list all places of employment and account for periods of unemployment. If more space is needed, use an additional sheet of paper.

Name of Present or Most Recent Employer		Your Position/Title	Starting Pay Rate	Describe your Duties
Street Address	Phone	Date Employed (Mo/Yr) From To	Present/Last Pay Rate	Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
City	State	Zip Code	Supervisor's Name & Title	Average Hrs. Worked Each Week
Name of Employer		Your Position/Title	Starting Pay Rate	Describe your Duties
Street Address	Phone	Date Employed (Mo/Yr) From To	Present/Last Pay Rate	Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
City	State	Zip Code	Supervisor's Name & Title	Average Hrs. Worked Each Week
Name of Employer		Your Position/Title	Starting Pay Rate	Describe your Duties
Street Address	Phone	Date Employed (Mo/Yr) From To	Present/Last Pay Rate	Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
City	State	Zip Code	Supervisor's Name & Title	Average Hrs. Worked Each Week
Name of Employer		Your Position/Title	Starting Pay Rate	Describe your Duties
Street Address	Phone	Date Employed (Mo/Yr) From To	Present/Last Pay Rate	Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No Discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving:
City	State	Zip Code	Supervisor's Name & Title	Average Hrs. Worked Each Week

May we contact the employers listed above? Yes No If no, explain why and indicate which employers you do not wish us to contact.

Account for all periods of time not covered under Employment History since you finished school, including all periods of unemployment, part-time employment or self employment. Dates

EDUCATION

High School Attended	Address	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> GED
College(s) Attended	Address	Major:	Degree		
		Minor:			
Vocational/Technical School(s) Attended	Address	Did you graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Indicate training courses you attended beyond high school, including course name, course sponsor, year and description of training.

SPECIALIZED SKILLS

Check skills and/or equipment operated:

- PC OS Macintosh OS Typewriter (_____ WPM) Other _____ Other _____
 Microsoft Excel Microsoft Word Microsoft PowerPoint Adobe Photoshop

Previous Photo Lab Experience:

ADDITIONAL INFORMATION

Give any other information you think would be helpful to us in considering you for employment, such as your professional goals, references, activities, accomplishments, etc. Please exclude all information that indicates age, sex, race, religion, color, national origin and disability.

REFERENCES

Do not list relatives or former/current employees.

Name	Address	Daytime Phone
Name	Address	Daytime Phone
Name	Address	Daytime Phone

STATEMENT

(1) I certify that the information contained in this application is correct and I have not omitted any information. I understand that falsification or omission of information will result in disqualification from consideration for employment or immediate dismissal. (2) I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving and all other information they may have concerning me, and I release all parties from any and all liability or claims for damage that may result therefrom. (3) I agree and acknowledge that no representative of Creve Coeur Camera, Inc. other than the president has the authority to make any oral or written agreement setting the duration of my employment or delineating the reasons for which our employment relationship may end. Any such agreement must be in writing and signed by the president.

All employees hired by Creve Coeur Camera will be subject to a 90 calendar day probationary period. The probationary period is intended to assess the employee's job performance and suitability for continued employment. Your employment may be terminated by Creve Coeur Camera at any time during this period or upon its completion for any reason whatsoever. If there is a problem, your supervisor may extend your probationary period for an additional month. Paid time off accrual begins after the 90-day probationary period regardless of any extension, except in cases where the extension is due to excessive absences.

I agree, have read the above and acknowledge that I can terminate our employment relationship at any time, and that Creve Coeur Camera, Inc. can, as well.

Date: _____ Signature: _____

Thank you for considering employment with our company.
You must sign and date this application on the above lines before we can consider your application,
which we will retain in our active file for one year.

HUMAN RESOURCES ONLY

Arrange Interview? Yes No If yes, date of interview: _____

Location of interview: _____

Interviewed by: _____

Is applicant currently employed? Yes No If yes, date of employment: _____

Applicant available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 1st Shift 2nd Shift Third Shift Holidays



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Corporate Office: 1155 North Warson Rd. • St. Louis, MO 63132