

# Employment Application

Genesee Photo System, INC.  
 1015 W. 4th St  
 Stillwater, OK 74074

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT CLEARLY

Today's Date:
Position or type of work desired:
<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> summer
If part time, state hours available:
Date available for employment:
Minimum salary acceptable:

Last Name:	First Name:	Middle:	Social Security:
Current Address:	Street and Number:	City:	State: Zip:
Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give status: (Proof of U.S. Citizenship or immigration status will be required upon employment)			
Phone numbers where you can be reached:	Home:	Work:	Other:

What additional skills, experience or qualifications would you like us to know:
Do you have any relatives employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name and relationship:
Other names used in employment:
Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Car: Other:
Have you ever been employed by Genesee Photo before: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates employed:
Do you believe yourself to be a qualified handicapped individual pursuant to the rehabilitation Act of 1973, as amended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal convictions: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give place of arrest, dates, conviction, sentence, ect. Describe below:
CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED.

Circle highest level completed:	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2 3 4	Other Specify:
High School:	Location:	From (Mo/Yr) - To (Mo/Yr):	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, GED?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	Location:	From (Mo/Yr) - To (Mo/Yr):	Degree:	Major/minor:	
Graduate School:	Location:	From (Mo/Yr) - To (Mo/Yr):	Degree:	Major/minor:	
Other Schools or special training skills (include languages):					
Typing speed: WPM	Accounting skills <input type="checkbox"/> Yes <input type="checkbox"/> No	Office equipment or other special equipment (include photographic)			
Professional organizations:			Hobbies:		

Branch of U.S. Service	Date Entered	Date Discharged	Rank at Discharge
Are you a member of the Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Inactive Branch:			
Nature of Duties and Special Training Received			
Do you believe to be subject to the provisions of the Vietnam Era Veteran's Readjustment Act of 1974, as amended? <input type="checkbox"/> Yes <input type="checkbox"/> No			

List below your employment history, beginning with your most recent employer. Account for all periods of time, including any periods of unemployment and the reasons thereof. If needed, use blank sheets of paper to complete your employment history.

MAY WE CONTACT YOUR PRESENT EMPLOYER?	YES	NO	IF YES, INITIAL HERE
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Employer	From	To	Salary Per _____
Street Address	Month / Year	Month / Year	Starting \$ _____
Phone	Job Title		Final \$ _____
City, State, Zip	Name & Title of Immediate Supervisor		
Duties		Reason for Leaving	

Employer	From	To	Salary Per _____
Street Address	Month / Year	Month / Year	Starting \$ _____
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Employer	From	To	Salary Per _____
Street Address	Month / Year	Month / Year	Starting \$ _____
Phone	Job Title		Final \$ _____
City, State, Zip	Name & Title of Immediate Supervisor		
Duties		Reason for Leaving	

PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE. READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. APPLICANTS ARE NOT REQUIRED TO COMPLETE ANY INFORMATION ON THIS FORM THAT IS PROHIBITED BY LAW.

I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS IN THIS APPLICATION MAY BE USED AS A BASIS FOR DISMISS. I ALSO AUTHORIZE GENESEE PHOTO SYSTEMS TO VERIFY THESE STATEMENTS THROUGH FORMER EMPLOYEES AND ANY OTHER INDIVIDUALS WHO CAN TESTIFY TO MY ABILITY AND CHARACTER.

DATE

SIGNATURE OF APPLICANT