

# APPLICATION FOR EMPLOYMENT

**APPLICANT, PLEASE NOTE:** You should **complete Pages 1 and 2** of this application. Complete Pages 3 and 4 **only as instructed**. Please **print** legibly.

*Any disabled applicant who needs some accommodation to complete the application process must notify an employer representative.*

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State ZIP

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State ZIP

Are you 18 years or older? ☐ Yes ☐ No

*(The following information is being requested in connection with the federal I-9 process requirements. If offered employment you must show proof of U.S. citizenship or the right to work in the U.S.)*

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Person to be contacted in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

## Employment Desired

Position(s): \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Can you perform the duties of the job in which you wish to be employed, with or without accommodation? ☐ Yes ☐ No

*(The essential duties of the job(s) for which you are applying are itemized in the attached essential duties document. Employer: Attach this document)*

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary (dates): \_\_\_\_\_

Specify hours/days you are available for work:

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Are you now employed? ☐ Yes ☐ No If so, may we contact your present employer? ☐ Yes ☐ No

## Education/Training Record

Give no. of years completed	Name and address of school	Did you graduate?	Course of study	Indicate degree/dipl.
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior High or Middle School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/ Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/ University		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Can you type? ☐ Yes ☐ No If yes, how many words per minute? \_\_\_\_\_

Do you use a camera? ☐ Often ☐ Occasionally ☐ Seldom Process your own films? ☐ Yes ☐ No

Please list all computer programs you know how to use:

Please list in this space any other training or experience including Armed Forces; especially that related to the photographic field.  
*(Indicate cameras and equipment with which you are familiar.)*

**APPLICATION FOR EMPLOYMENT (cont'd.) . . . Applicant: Please complete this page.**

Begin with your most recent or current employer.

**Employment History**

From Mo./Yr.	To Mo./Yr.	Name of Firm	Address of Firm and Telephone	Name of Supervisor	Job Responsibility	Reason for Leaving
___/___	___/___					
___/___	___/___					
___/___	___/___					
___/___	___/___					
___/___	___/___					

**Personal References** *(Do not include relatives or former employers.)*

List three people to whom we can refer, who are sufficiently familiar with your qualifications and character to give information about you.

Name	Occupation	Current Address	Telephone
			( ) _____
			( ) _____
			( ) _____

I certify that the information provided by me on this application, and any accompanying resume, notes, and the like, is true, accurate, and complete. I also understand and agree that any false information, misrepresentations, or omissions made by me, whether written or oral, in connection with the application process, may disqualify me for consideration for hiring, or if not discovered until after hiring, may result in my dismissal.

Further, I understand and agree that my employment is at-will, and for no definite period, and that my employment may be terminated for any reason, or no reason, at any time, without notice, regardless of the date of payment of my wages and salary.

I agree, if employed, to give two weeks' notice of my intention to discontinue employment.

I authorize the company to investigate all information provided and to contact any individual or entity listed, to verify the information provided, and/or to request a reference.

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

We do not discriminate against any person because of race, color, religion, sex, national origin, marital status, height, weight, handicap, or age.

Employers note: This form is based on U.S. federal law, and there may be additional or other state requirements that apply, for which local counsel should be consulted.

**DO NOT WRITE BELOW THIS LINE**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Hired: \_\_\_\_\_ For Department: \_\_\_\_\_ Reporting Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_



**PLANT OR OFFICE POSITION****Lab Training or Experience**

*If applying for a photo processing plant position, please list all formal training in or experience with lab equipment, and include a list of equipment which you have either been trained to use, or with which you have had experience.*

**Formal training or experience:****Equipment that you can operate:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please indicate the job functions you have had in previous lab work: (Please ignore if you have never worked in a lab)**

(Check as many as apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Plant manager                   | <input type="checkbox"/> Darkroom feeder        | <input type="checkbox"/> Inspector                  | <input type="checkbox"/> Lead person          |
| <input type="checkbox"/> Assistant plant manager         | <input type="checkbox"/> Utility person         | <input type="checkbox"/> Driver                     | <input type="checkbox"/> Checker/packer       |
| <input type="checkbox"/> Department supervisor           | <input type="checkbox"/> Maintenance mechanic   | <input type="checkbox"/> Computer operator          | <input type="checkbox"/> Sorter/feeder        |
| <input type="checkbox"/> Hand developer                  | <input type="checkbox"/> Electronic technician  | <input type="checkbox"/> Offset machine operator    | <input type="checkbox"/> Quality checker      |
| <input type="checkbox"/> Paper processor                 | <input type="checkbox"/> Key punch operator     | <input type="checkbox"/> Copy camera operator       | <input type="checkbox"/> Handler              |
| <input type="checkbox"/> Printer                         | <input type="checkbox"/> Customer service clerk | <input type="checkbox"/> Spotter                    | <input type="checkbox"/> Cost clerk           |
| <input type="checkbox"/> Chemical mixer                  | <input type="checkbox"/> Film processor         | <input type="checkbox"/> Reprint marker             | <input type="checkbox"/> Manual pricing clerk |
| <input type="checkbox"/> Chemical analyst                | <input type="checkbox"/> Order clerk            | <input type="checkbox"/> Stock/shipping clerk       | <input type="checkbox"/> Prepaid order clerk  |
| <input type="checkbox"/> Photographic process controller | <input type="checkbox"/> Enlarger               | <input type="checkbox"/> Mail mark-up clerk         | <input type="checkbox"/> Billing clerk        |
| <input type="checkbox"/> Color controller                | <input type="checkbox"/> Film splicer           | <input type="checkbox"/> Automatic printer operator | <input type="checkbox"/> Mailing clerk        |
| <input type="checkbox"/> Other: _____                    |   |   |   |

**Office Training or Experience**

Please indicate general office equipment you can operate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any formal training you have received in any of the above areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all computer software programs in which you are proficient: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate the general office functions you have performed in past employment: (Check as many as apply)**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Filing/Maintaining Files     | <input type="checkbox"/> Receptionist        | <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Shipping            |
| <input type="checkbox"/> Personnel Record Maintenance | <input type="checkbox"/> Dictation/Shorthand | <input type="checkbox"/> Management             | <input type="checkbox"/> Purchasing          |
| <input type="checkbox"/> General Secretarial          | <input type="checkbox"/> Invoicing           | <input type="checkbox"/> Training               | <input type="checkbox"/> Computer Technician |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> _____               | <input type="checkbox"/> _____                  | <input type="checkbox"/> _____               |
| <input type="checkbox"/> _____                        | <input type="checkbox"/> _____               | <input type="checkbox"/> _____                  | <input type="checkbox"/> _____               |



**Rockbrook Camera**

Omaha: 100th & Center ~ 160th & W. Center  
Lincoln: 70th & Pioneers

**SALES POSITION***In this section, please expand upon your experience in photography or sales as indicated.***Photographic Training or Experience**1. Have you ever received photographic training? ☐ Yes ☐ No (If yes, please list where and when.)

Subject(s) covered	Name and location of facility	Date Mo./Yr.	Degree or diploma?
		___/___	_____
		___/___	_____
		___/___	_____

2. Have you ever worked (professionally) as a photographer? ☐ Yes ☐ No (If yes, please list type of work and date.)

Indicate freelance or name and location of firm	List types of work done	Date Mo./Yr.
		___/___
		___/___
		___/___

Do you have any hobbies or interests which you believe might be of use in doing the job for which you are applying? ☐ Yes ☐ No  
(If yes, please describe below.)**Sales Training or Experience**

Type of sales	Name and location of most recent employer for sales area indicated	List products sold	Dates	
			From	To
Retail Store Selling			Mo./Yr. ___/___	Mo./Yr. ___/___
Door-to- Door Selling			___/___	___/___
Sales by Telephone			___/___	___/___
Other Selling Experience			___/___	___/___

Have you ever had any specialized sales training? ☐ Yes ☐ No (If yes, please describe below.)

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