



Holiday Photo Application Form

Federal and state laws prohibit discrimination in employment because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability or handicap. This application is for Temporary/Seasonal Employment

PERSONAL INFORMATION				
APPLICANT'S NAME: Last		First	Middle Initial	DATE
CURRENT ADDRESS: Street, City, State and Zip Code				
TELEPHONE Area Code & Number ()		SOCIAL SECURITY NUMBER		
How long have you lived at your current address?				
If you are not a U.S. citizen, do you have the legal right to remain permanently and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No; Please explain:				
Do you have any disability which would substantially interfere with your ability to perform the duties of the job for which you are applying? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please describe the disability and explain the work limitation as it pertains to the job for which you have applied:				
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> No <input type="checkbox"/> Yes; Please describe in full:				
What languages do you speak fluently:				
Please list other names you have been employed under:				
If you have relatives employed by this company, please give their names and work locations:				

EMPLOYMENT DESIRED		
Position Applied For:		Salary Desired:
Shift you can work: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Both	Do you seek: <input type="checkbox"/> Full-Time or <input type="checkbox"/> Part-Time employment	Date you can start:
Have you ever applied to this company before? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
Have you ever worked for this company before? <input type="checkbox"/> No <input type="checkbox"/> Yes - When?		
Location/Supervisor:		
Reason for Leaving:		
Describe any training you received relevant to the position for which you are applying:		

IN CASE OF EMERGENCY NOTIFY					
NAME	ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE

PREVIOUS EMPLOYMENT

Please Explain Any Gap in Employment History Below

Please list most recent employment first	NAME AND LOCATION	POSITION	SALARY	REASON FOR LEAVING
1	From:			
	To:			
2	From:			
	To:			
3	From:			
	To:			
4	From:			
	To:			

May we contact your present employer at this time? Yes No

EDUCATION

HIGHEST GRADE COMPLETED:

GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGH SCHOOL 9 10 11 12	COLLEGE 1 2 3 4 - Degree Earned:
Name and address of last school attended:		
Vocational or trade training:		

PERSONAL REFERENCES

Please list 3 non-relatives whom you have known for at least one year.

#	NAME AND ADDRESS	TELEPHONE	RELATIONSHIP - YEARS KNOWN
1			
2			
3			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I authorize this facility to contact any/or all of my references for full information. I agree to take a physical examination at any time, at the request of this facility and at no personal expense to me, and agree that the examining physician may disclose the findings to this facility or an authorized agent to this facility. Breakaway Press vigorously pursues legal action against all parties who are found to be in violation of Workers' Compensation Fraud Act of 1991, Chapter 116, Section 18, Section 1871.4

Applicant's Signature _____

FOR FACILITY USE ONLY

INTERVIEWED BY:	DATE AND TIME:	HIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
INTERVIEW REMARKS:		
COMPUTER CHECKED FOR PREVIOUS EMPLOYMENT? <input type="checkbox"/> NO <input type="checkbox"/> YES, RESULTS:		
THE ALAMEDA COMPANY TARGETED JOBS TAX CREDIT CONFIRMATION NUMBER:		

REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	REMARKS - RESULTS	VERIFIED BY
1			
2			
3			
4			