

New Hire Paperwork

Employment Application

Summit Portraits, LLC doing business as "Picture People," (collectively "TPP") is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, age, sex, pregnancy, national origin, disability, sexual orientation, or any other legally-protected basis.

All portions of this application must be completed, even if a resume is attached.

Personal

Full Name: _____ Date: _____
Last First M.I.

Former name, alias, or nickname used: _____

Are you less than 18 years of age? **Yes** **No** (TPP is required to comply with federal and state law.)

Present Street Address: _____

City, State, Zip Code _____

Phone: () Alternate phone: () E-mail: _____

Where did you find out about this position? _____

General

Are you a U.S. citizen or authorized to work in the United States? **Yes** **No**

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? **Yes** **No**

Have you ever filed an application with TPP? **Yes** **No**

If yes, give dates, location, and position: _____

Have you ever been employed with TPP? **Yes** **No**

If yes, give dates, location, and position: _____

Do you have any relatives employed with TPP? **Yes** **No**

If yes, list their names, location, and position: _____

Have you signed a non-disclosure, non-competition, or invention agreement with any previous employer? **Yes** **No**

Are you under any obligation to a previous employer that would restrict employment with TPP? **Yes** **No**

Position

Date Available: _____ Position Applied for: _____ Desired Salary: \$ _____

Specify hours available for each day of the week Between 10a-9p <i>(Studio Positions Only)</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>

Education

High School	Name and address of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Attended:	Degree Earned:
College	Name and address of school:	Course or Major:	Dates Attended:	Degree Earned:
Graduate School	Name and address of school:	Course or Major:	Dates Attended:	Degree Earned:
Other School	Name and address of school:	Course or Major:	Dates Attended:	Degree Earned:

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Full Name: _____ Date: _____
Last First M.I.

Employment History

List below your employment history for the past seven years or to age 18, whichever period is longer, starting with your most recent employer. Attach additional sheets, if necessary.

Employer Name:		Start Date:		End Date:	
Employer Address:					
City, State, Zip:					
Beginning Title:		Ending Title:			
Beginning Salary:	\$	PER	Ending Salary:	\$	PER
Supervisor's Name:		Supervisor's Title:		Phone Number:	
Describe major duties and responsibilities:					
Reason for leaving:					
May we contact your current employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO				

Employer Name:		Start Date:		End Date:	
Employer Address:					
City, State, Zip:					
Beginning Title:		Ending Title:			
Beginning Salary:	\$	PER	Ending Salary:	\$	PER
Supervisor's Name:		Supervisor's Title:		Phone Number:	
Describe major duties and responsibilities:					
Reason for leaving:					

Employer Name:		Start Date:		End Date:	
Employer Address:					
City, State, Zip:					
Beginning Title:		Ending Title:			
Beginning Salary:	\$	PER	Ending Salary:	\$	PER
Supervisor's Name:		Supervisor's Title:		Phone Number:	
Describe major duties and responsibilities:					
Reason for leaving:					

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Full Name: _____ Date: _____
Last First M.I.

Employment History (continued)						
Employer Name:			Start Date:		End Date:	
Employer Address:						
City, State, Zip:						
Beginning Title:			Ending Title:			
Beginning Salary:	\$	PER	Ending Salary:	\$	PER	
Supervisor's Name:		Supervisor's Title:		Phone Number:		
Describe major duties and responsibilities:						
Reason for leaving:						
May we contact your current employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO					
Employer Name:			Start Date:		End Date:	
Employer Address:						
City, State, Zip:						
Beginning Title:			Ending Title:			
Beginning Salary:	\$	PER	Ending Salary:	\$	PER	
Supervisor's Name:		Supervisor's Title:		Phone Number:		
Describe major duties and responsibilities:						
Reason for leaving:						
Gaps in Employment						
<i>Please list any gaps in employment greater than 12 months in the past 5 years.</i>						
Begin Date:			End Date:			
Reason:						
Begin Date:			End Date:			
Reason:						
Professional / Academic References						
<i>List below the names of three professional or academic references that you have known for at least one year. Do NOT include relatives or friends.</i>						
Name:			Company:		Title:	
Relationship:			Phone Number:		How long have you known this person?	
Name:			Company:		Title:	
Relationship:			Phone Number:		How long have you known this person?	
Name:			Company:		Title:	
Relationship:			Phone Number:		How long have you known this person?	

Full Name: _____ Date: _____
Last First M.I.

Agreement

I understand and agree that:

1. I understand that TPP will consider requests for accommodations of physical or mental disabilities at any time before or after employment begins. I understand that the company would appreciate as much advance notice as possible regarding requests for accommodations and that documentation of the need for accommodations may be required.
2. I authorize TPP to thoroughly investigate my background, references, employment record, and other matters related to my suitability for employment, and to conduct a background check, including but not limited to, a criminal report and credit report. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations contacted by TPP or their representative (an investigative consumer reporting agency) to provide any relevant information regarding my current and/or previous employment and I release TPP, and any person, company, or organization furnishing such information from any and all liability arising from providing or receiving such information. I understand that that any offer of employment that I may receive will be contingent on this background check being acceptable and within TPP's guidelines.
3. I declare that all statements and answers on this application are true and complete and agree that, any untruth, misleading answer, omission, concealment, or failure to answer any questions fully, completely, and accurately will be grounds for denying consideration of my application, or if employed, for terminating my employment. I understand this to be true regardless of when the inaccurate information is discovered.
4. If I have asked that my current employer not be contacted, I understand that any offer of employment that I receive will be contingent upon the company receiving an acceptable verification of the information on this application regarding my current employment.
5. If employed, I understand that my employment is "at will" and is for no definite period and may, regardless of date of payment of my wages and salary, be terminated by either TPP or me at any time without any previous notice. I acknowledge that no one at the company has promised that I would remain employed for any length of time, and I understand that no one other than an officer of the company, in writing, is authorized to make such promises.
6. If employed, I agree to read and comply with company rules, regulations, and policies.
7. I agree that except as required in the performance of my job or otherwise authorized by TPP, I will never use or disclose to others confidential or proprietary company information.
8. If employed, upon termination of my employment, I will return all company property and records in my possession.

I have read, understand, and agree to the above.

Signature

Date