Application for Employment



The Picture People, Inc. ("Picture People") 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.1.			
Former n	Former name, alias, or nickname used:								
Are you less that	an 18 years of a	ge? ∐Ye	s	(Picture Peo	ple is required to com	ply with federal and sta	te law.)		
Present Street A	Address:								
City, State, Zip	Code								
Phone: ()	Alternate ph	none: ()	E-ma	il:			
Where did you f	find out about th	nis position?							
General	oitizon or outbor	izad ta wark i	n the United (Ctataa?		lvi			
Are you a U.S. o					□Yes □		□v	- - -	
-			silip for empir	oyment visa status (e.g., H-1B visa status)?					
Have you been	convicted of a c ctions (not arrests)		I	□Yes □No					
location(s). A m	nisdemeanor or felo	ny conviction wil							
Have you ever f	ualify you for emplo iled an applicati	•	e People?		□Yes □	No			
If yes, give da	ates, location, a	nd position:							
Have you ever b	peen employed v	with Picture Pe	eople?		☐Yes ☐	No			
If yes, give da	ates, location, ar	nd position:							
Do you have an	y relatives empl	oyed with Pict	ure People?		□Yes □	No			
If yes, list the	ir names, location	on, and position	on:						
Have you signed	d a non-disclosu	re, non-comp	etition, or inv	ention agreem	ent with any p	revious employ	er? 🔲 Y	es □No	
Are you under a	any obligation to	a previous er	nployer that v	would restrict of	employment w	ith Picture Peop	le?	es □No	
Docition									
Position Date Available:		Position /	Applied for:			Desired Sa	plary: \$		
Specify hours a		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
each day of the		Ounday	Monday	Tuesday	Weanesday	marsday	Triday	Caltriday	
Between 10a-9p									
(Studio Posit	ions omy							L	
Education									
High School	Name and add	ress of school		ou graduate? □No	Dates	Attended:	Degree Earne	ed:	
College Name and address of school:		I: Cours	e or Major: Dates Attended: Degr			Degree Earne	 ed:		
J				,					
Graduate Name and address of school: Cou			I: Cours	e or Major:	lajor: Dates Attended: Degree Earned:			;d∶	
- -									
Other	Name and add	ress of school	I: Cours	e or Major:	Dates A	Attended:	Degree Earne	ed:	
School									

Employment Histo	emplo							d is longer,
starting with you Employer Name:	ur mo	st recent en	nployer. Attach	additional shee Start Date:	ts, if n	ecessary	End Date:	
Employer Address:								
City, State, Zip:								
Beginning Title:				Ending Title:				
Beginning Salary:	\$		PER	Ending Salary:	\$		PEF	₹
Supervisor's Name:			Supervisor's Title:			Phone Number		
Describe major duties responsibilities:	and		Title.			Number		
Reason for leaving:								
May we contact your	current	employer?	☐YES [□NO				
Employer Name:				Start Date:			End Date:	
Employer Address:								
City, State, Zip:								
Beginning Title:				Ending Title:				
Beginning Salary:	\$		PER	Ending Salary:	\$		PEF	?
Supervisor's Name:			Supervisor's Title:			Phone Number	·:	
Describe major duties responsibilities:	and							
Reason for leaving								
Employer Name:				Start Date:			End Date:	
Employer Address:								
City, State, Zip:								
Beginning Title:				Ending Title:				
Beginning Salary:	\$		PER	Ending Salary:	\$		PEF	2
Supervisor's Name:			Supervisor's Title:			Phone Number	·:	
Describe major duties	and							

First

Date:

M.1.

Full Name:

responsibilities:

Reason for leaving:

Last

Full Name:							Date	:	
Las	t		First			M.I.			
Employment Hist	ory (contir	nued)							
Employer Name:				Start Date:	-		End Dat	e:	
Employer Address:									
City, State, Zip:									
Beginning Title:				Ending Title:					
Beginning Salary:	\$	PE	:R	Ending Salary	' : \$			PER	
Supervisor's Name:			pervisor's le:			Phone Numbe	er:		
Describe major duties responsibilities:	s and								
Reason for leaving:									
May we contact your	current emplo	oyer?	YES 🗆	NO					
Employer Name:				Start Date:	-		End Dat	e:	
Employer Address:					•				
City, State, Zip:									
Beginning Title:				Ending Title:	-				
Beginning Salary:	\$	PE	:R	Ending Salary	v: \$			PER	
Supervisor's Name:			Supervisor's Title:		Phone Number:		er:		
Describe major duties responsibilities:	s and	_							
Reason for leaving									
Gaps in Employm									
Please list any gaps in	<mark>n employment</mark>	t greater than 12	? months in the						
Begin Date: Reason:				End Date:					
Degin Date:				Fred Date:					
Begin Date: Reason:				End Date:					
Professional / Aca	ademic Ref	erences							
List below the name Do NOT include rela	es of three p	rofessional or a	cademic refe	rences that y	ou have l	known for	at least o	one year.	
Name:		Company	:		Titl	e:			
Relationship:		Phone Number:				w long hav			
Name:		Company	:		Titl				
Relationship:		Phone Number:			Ho	w long hav			
Name:		Company	:		Titl				
Relationship:		Phone			Ho	w long hav			
oratromornp.		Number:			kno	wn this pe	erson?		

Full Name):		Date:
	Last	First	M.I.
Agreen	nent		
Lunder	rstand and agree that:		
i unuci	stand and agree that.		
1.	any time before or after e	employment begins. I understand e regarding requests for accomm	accommodations of physical or mental disabilities at that the company would appreciate as much odations and that documentation of the need for
2.	matters related to my suito, a criminal report and oprevious employers and consumer reporting agencemployment and I release information from any and	tability for employment, and to co credit report. I authorize persons organizations contacted by Picture cy) to provide any relevant inform e Picture People, and any person, I all liability arising from providing ment that I may receive will be con	ckground, references, employment record, and other onduct a background check, including but not limited a, schools, my current employer (if applicable) and a People or their representative (an investigative nation regarding my current and/or previous company, or organization furnishing such or receiving such information. I understand that natingent on this background check being acceptable
3.	I declare that all statement untruth, misleading answ accurately will be grounded employment. I understar	nts and answers on this application er, omission, concealment, or fails for denying consideration of my and this to be true regardless of whether the contract of the contract	on are true and complete and agree that, any ure to answer any questions fully, completely, and application, or if employed, for terminating my nen the inaccurate information is discovered.
4.	-	upon the company receiving an a	I, I understand that any offer of employment that I acceptable verification of the information on this
5.	date of payment of my w previous notice. I acknow	ages and salary, be terminated by vledge that no one at the compar	and is for no definite period and may, regardless of y either Picture People or me at any time without any ny has promised that I would remain employed for an an officer of the company, in writing, is authorized
6.		ead and comply with company rul	
7.		quired in the performance of my jothers confidential or proprietary of	ob or otherwise authorized by Picture People, I will company information.
8.	If employed, upon termin possession.	ation of my employment, I will re	turn all company property and records in my
9.	application or the decision required to use The Pictu and to otherwise abide by is a condition of me receiv copy of the DRP upon rec	n to hire or not hire me. I further re People, Inc.'s Dispute Resolution of the terms of the DRP, and I ack wing any offer of employment. I the	that involves a legally-protected right regarding this agree that if employed by the company, I will be on Program ("DRP") to resolve workplace disputes nowledge that my agreement to these requirements further acknowledge that I can receive a complete 18-3686 x2663. THIS AGREEMENT CONTAINS A ARTIES.
I have	read, understand, and agre	ee to the above.	
	Signature		 Date