



Application for Employment

Instruction to Applicants

To be considered for employment, you must answer all questions and complete all sections of the application form. FotoFX! employs only US Citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

Equal Opportunity Information

FotoFX! policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Location Applying For:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Address (street number and name): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Are you related by blood or marriage to any person now working for FotoFX!? _____

If yes, who?: _____

Disability

“Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment” (Americans with Disabilities Act of 1990). Reporting of a disability is strictly **VOLUNTARY**. Information reported on this form will be kept confidential as required by State law.

- | | |
|--|--|
| A. <input type="checkbox"/> None/Prefer not to report | H. <input type="checkbox"/> Nervous system/Neurological disorder |
| B. <input type="checkbox"/> Blind or severely visually impaired | I. <input type="checkbox"/> Mentally restored |
| C. <input type="checkbox"/> Deaf or severely hearing impaired | J. <input type="checkbox"/> Mental retardation |
| D. <input type="checkbox"/> Loss or limited use of arms and/or hands | K. <input type="checkbox"/> Learning Disability |
| E. <input type="checkbox"/> Non-ambulatory (must use wheelchair) | L. <input type="checkbox"/> Other (please specify) |
| F. <input type="checkbox"/> Other Orthopedic impairment | _____ |
| G. <input type="checkbox"/> Respiratory impairment | |

Job Applying For

Type of Employment seeking: _____

Position: _____

Available to start: _____

Referral: _____

Education

Highest Education Completed: _____

School type	Name and Location	Dates Attended	Grad?	Major/Minor	Type of Degree
Grade School					
College/ University					
Graduate					
Vocational/Trade					

Special Training programs and seminars you have completed in the last five (5) years:

Skills:

Work History

Current/Last Employer		Address			
Job Title		Supervisor's Name	Phone Number	No. Supervised by You	
Date Employed	Starting Salary	Current/Ending Salary	Reason for Leaving	May we contact current employer?	
Date Separated	List Major Duties in order of importance in the job:				
Full Time Years Months					
Part Time Years Months					
Hours per week					

Employer		Address		
Job Title		Supervisor's Name	Phone Number	No. Supervised by You
Date Employed	Starting Salary	Ending Salary	Reason for Leaving	
Date Separated	List Major Duties in order of importance in the job:			
Full Time Years Months				
Part Time Years Months				
Hours per week				
Employer		Address		
Job Title		Supervisor's Name	Phone Number	No. Supervised by You
Date Employed	Starting Salary	Ending Salary	Reason for Leaving	
Date Separated	List Major Duties in order of importance in the job:			
Full Time Years Months				
Part Time Years Months				
Hours per week				

I certify that I have give true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work. I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation or a failure to disclose relevant information maybe grounds for rejection of my application, disciplinary action or dismissal if I am employed and/or criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant

Date

Please save and submit on our website
(fotofxonline.com/careers) for processing.