

# Houston Camera Exchange

## APPLICATION FOR EMPLOYMENT

Please complete the entire application, even if you plan to attach your resume

Position Sought: \_\_\_\_\_ Today's Date: \_\_\_\_\_

How did you learn about the position? \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**When are you available to work?** \_\_\_\_\_ **Desired Wage/Salary \$** \_\_\_\_\_

Are you interested in [  ] full time or [  ] part time work? \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [  ] Yes [  ] No Explain \_\_\_\_\_

Do you speak any other languages than English? [  ] Yes [  ] No If yes, which? \_\_\_\_\_

Have you ever been convicted of a felony? [  ] Yes [  ] No If yes, please describe the circumstances: \_\_\_\_\_

Have you ever been involuntarily terminated or asked to resign from any position of employment? [  ] Yes [  ] No If yes, please describe the circumstances: \_\_\_\_\_

### EDUCATION (include High School and later)

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information pertinent to the employment you are seeking: \_\_\_\_\_

**EMPLOYMENT (most recent first)**

1. Employer:			Title:
Type of Business:		Supervisor:	
Dates Employed:		Address:	
City:	State:	Zip:	Phone:
Starting Salary:	Ending Salary:	May we contact [ ] Yes [ ] No	
Duties Performed:			
Reason for Leaving:			

2. Employer:			Title:
Type of Business:		Supervisor:	
Dates Employed:		Address:	
City:	State:	Zip:	Phone:
Starting Salary:	Ending Salary:	May we contact [ ] Yes [ ] No	
Duties Performed:			
Reason for Leaving:			

3. Employer:			Title:
Type of Business:		Supervisor:	
Dates Employed:		Address:	
City:	State:	Zip:	Phone:
Starting Salary:	Ending Salary:	May we contact [ ] Yes [ ] No	
Duties Performed:			
Reason for Leaving:			

4. Employer:			Title:
Type of Business:		Supervisor:	
Dates Employed:		Address:	
City:	State:	Zip:	Phone:
Starting Salary:	Ending Salary:	May we contact [ ] Yes [ ] No	
Duties Performed:			
Reason for Leaving:			

5. Employer:			Title:
Type of Business:		Supervisor:	
Dates Employed:		Address:	
City:	State:	Zip:	Phone:
Starting Salary:	Ending Salary:	May we contact [ ] Yes [ ] No	
Duties Performed:			
Reason for Leaving:			

**PROFESSIONAL AND/OR PERSONAL REFERENCES (not related to you)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize collection, of samples and/or data for any drug, background, or credit check as required by employer for the position applied for.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

For Office Use Only

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

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

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