

Office | Employment Application

Date

Store Location

Personal Information

Name

Home Address City State Zip

Phone Secondary Phone

Email Address

Are You 18 Years or Older? If No, Please State Your Birthdate

Position You Are Applying For Salary Desired

Date You Will Be Available To Start

Full-Time Please specify days/hours available:

Why Would You Like to Work at Rockbrook Camera?

Education and Training

High School

Graduated Yes No or Years Completed

College

Degree/Area of Study Graduated: Yes No or Years Completed

Graduate School

Degree/Area of Study Graduated: Yes No or Years Completed

Other

Degree/Area of Study Graduated: Yes No or Years Completed

Employment History

Please list empoyment starting from your most recent position. Account for any time during this period that you were unemplyed by stating the nature of your activities. Please indicate if you were employed under a different name.

May we contact your prese	ent employer?	Yes	No			
Employment Date	То					
Company Name						
Address			City	State	Zip	
Reason For Leaving						
Job Responsibilities						
Supervisor's Name				Phone		
Employment Date	То					
Company Name						
Address			City	State	Zip	
Reason For Leaving						
Job Responsibilities						
Supervisor's Name				Phone		
Employment Date	То					
Company Name						
Address			City	State	Zip	
Reason For Leaving						
Job Responsibilities						
Supervisor's Name				Phone		
Employment Date	То					
Company Name						
Address			City	State	Zip	
Reason For Leaving						
Job Responsibilities						
Supervisor's Name				Phone		

Computer and Office Experience

Please indicate computer programs you have experience with and your proficiency

Microsoft Excel Advanced Intermediate

Microsoft Word Advanced Intermediate

List any additional programs you are familiar or experienced with:

Program Proficiency

Program Proficiency

Program Proficiency

Experience With These Web Based Applications:

Bill.com Yes No

Quickbooks Online Yes No

Please indicate the general office functions you have performed in past employment:

Invoicing Filing / Maintaining Files Accounting

Receptionist General Secretarial Management

Personal References

Please do not include relatives or former employers. List individuals familiar with your qualifications and character to share information about you.

Name	, .		·		
Current Address					
Occupation		Phone Number			
Name					
Current Address					
Occupation		Phone Number			
Name					
Current Address					
Occupation		Phone Number			
oral, in connection with the applicati in my dismissal. Further, I understand minated for any reason, or I agree, if e	tand and agree that any false information on process, may disqualify me for consider and agree that my employment is at-wil no reason, at any time, without notice, reemployed, to give two weeks' notice of many to investigate all information provides.	eration for hiring, or if not on l, and for no definite period gardless of the date of payr y intention to discontinue e	liscovered ur , and that my ment of my w employment.	ntil after hirin y employmer yages and sal	ng, may result nt may be ter-
Applicant's Signature			Date		
Er	nail Completed form to tonyforti	na@rockbrookcamera.	com		
or mail to	Tony Fortina 2909 S. 169th St.	Plz. Ste 100 Omaha,	NE 68130	0	
	Office Use	Only			
		····,			
Interviewed by:	Dat <u>e:</u>	Hired: YES	/ NO	Full-Time	Part-Time
Salary: Approved	l By:	Starting Date	<u>5:</u>		