

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer. We do not discriminate on the basis of race, sex, religion, color, age, national origin or disability. If you require assistance in applying for this job, contact our Corporate Office: (734) 838-6900 | 34224 PLYMOUTH RD. LIVONIA, MI 48150

PERSONAL						
Name, Last First		Middle		Today's Date		
Street Address					Home Phone	
City	2	Zip			Work Phone	
Position Desired		Location [] Livonia, MI [] Ann	Email			
Hours Desired Day and Time Restrictions					Salary Desired	
Are you bound by a non-competition or non-disclosure agreement by any employer? Yes [] No [] If yes, please attach a copy of this agreement with this application.					Will you work overtime if asked? Yes [] No []	
Emergency Contact Name	Phone (Phone ()			you start?	
Have you ever applied for employment with If Yes, When? Month/ Year:	n us? Yes [ou have any friends or rel , who?	atives working fo	or us?	Yes [] No []
Name and Location		Course of Study	Voora Completed	Did you Gr	aduata?	Dograd
College or University 1		Course of Study	Years Completed	Did you Gir	aduate!	Degree
College or University 2						
High School			1	1		
Trade or Other Post High School Education						
Please list any Special Training or Skills wh	ich may ben	efit you as an employee.	Include any Photography	or Sales Skills.		
S.						
MILITARY SERVICE						
Branch of Service	Describe duties and special training					
Period of Active Duty (Month and Year) From To	İ					
Rank at Discharge						
Date of Final Discharge						
REFERENCES						
Name	City/State		Telephone ()	Relations	ship	Years Acquainted
Name	City/State		Telephone ()	Relations	ship	Years Acquainted
Name	City/State		Telephone	Relations	ship	Years Acquainted

EMPLOYMENT HISTORY				
Company Name		Employment Dates (Month/Year) From		
Address		То		
Name of Supervisor	May we contact Supervisor? Yes [] No []			
Position		Pay Rate		
Hours Worked		Monthly Income		
Primary Duties and Responsibilities		Reason for Leaving		
Company Name		Employment Dates (Month/Year) From		
Address		То		
Name of Supervisor	May we contact Supervisor? Yes [] No []	Phone Number		
Position		Pay Rate		
Hours Worked		Monthly Income		
Primary Duties and Responsibilities		Reason for Leaving		
Company Name		Employment Dates (Month/Year) From		
Address		То		
Name of Supervisor	May we contact Supervisor? Yes [] No []	[] No []		
Position		Pay Rate		
Hours Worked		Monthly Income		
Primary Duties and Responsibilities		Reason for Leaving		
QUESTIONNAIRE				
Do you possess a valid Drivers License? Yes[] No[]	Rate your proficiency on the following			
State DL#Expiration Date	Digital Point & Shoot Ca Digital SLR Cameras	meras 1 2 3 4 5 1 2 3 4 5		
Do you have reliable transportation? Yes [] No []	SLR Lenses	1 2 3 4 5		
Are you eligible to work in the US? Yes [] No []	Mirrorles Cameras	1 2 3 4 5		
Within the past 7 years, have you been convicted of a crime or been re-	Video Cameras Cinema Cameras	1 2 3 4 5 1 2 3 4 5		
leased from prison? (neither criminal record nor a conviction will automati-	Photography Skills	1 2 3 4 5		
cally bar your from employment) Yes [] No []	Audio	1 2 3 4 5		
	Lighting	1 2 3 4 5		
If yes, please explain.	Photo Editing/Photoshop Overall comfort with co	p 1 2 3 4 5 mputers 1 2 3 4 5		
	Handling large amounts	of cash 1 2 3 4 5		
Have you ever been bonded? Yes [] No []	Runing a POS system	1 2 3 4 5		
If yes, please explain.	Working directly with cu			
SIGNATURE	Working with multiple customers 1 2 3 4 5 Closing a sale 1 2 3 4 5 Other:			
The facts set forth in my application for employment are true and	complete. I understand that any false st	atement or omissions of facts on		
this application, or on any other required documents, may result in denial or				
I hereby give PROCAM the right to make a thorough investigation		activities. I release from all		
liability all persons, companies and corporations supplying such information	n. I further release PROCAM against any lia	bility that might result from		
making such investigation.				
I understand that nothing contained in this employment application				
contract between PROCAM and myself. I further understand and agree that	if I am hired by PROCAM, the duration of	my employment is indefinite		

I acknowledge that no representative of PROCAM, other than an officer of the company and then only in writing, has any authority to enter any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

Date ______ Signature _____

and that I am free to terminate my employment at any time, for any reason and that PROCAM is free to do likewise.