

EMPLOYMENT APPLICATION

Massachusetts

PLEASE PRINT

PERSONAL INFORMATION	Last Name		First		Middle Initial	Today's Date	
	Present Street Address (Do not list P.O. Box)		City	State	County	Zip Code	Telephone No. ()
	Email Address				Cell Phone No. ()		
	Position Applying For				Are you legally authorized to work in the United States? <i>Proof of legal authority to work in the United States will be required upon employment.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Expected Rate of Pay \$ _____ per _____		Full Time <input type="checkbox"/>	1 st Shift <input type="checkbox"/>	Available Start Date		Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Part Time <input type="checkbox"/>	2 nd Shift <input type="checkbox"/>			
		Temporary <input type="checkbox"/>	3 rd Shift <input type="checkbox"/>				
		Seasonal <input type="checkbox"/>	Any <input type="checkbox"/>				
Referred By: (Please check applicable box and specify if other source)							
<input type="checkbox"/> Agency			<input type="checkbox"/> School, please specify _____				
<input type="checkbox"/> Internet Site, please specify _____			<input type="checkbox"/> Newspaper, please specify _____				
<input type="checkbox"/> Lifetouch Employee _____			<input type="checkbox"/> Other, please specify _____				

EMPLOYMENT HISTORY

Do not use "see resume" in lieu of completing application form. Please complete all sections thoroughly. Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below.

1	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ()	
2	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ()	
3	Employer	Employed		Earnings		Other Compensation
		From	To	Beginning	Ending	
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Telephone No. ()	

Please explain periods of non-employment _____

EDUCATION		Name and Address of School	Number of Years Completed	Major or Type of Coursework	Degree/Certificate	Did You Graduate?
	High School					
	Business/Technical					
	College/University					
	Graduate/Professional					
Other (Seminars, Adult Education, Correspondence Courses)						

If you are applying for a position where driving is a requirement of the job, please answer the following questions:

Do you have the full use of an automobile? Yes No

Do you have a valid driver's license? Yes No License # _____ Issuing State _____ Exp. Date _____

Within the past three years: How many moving violations have you had? _____ How many traffic accidents have you had? _____

Why are you seeking employment at this time?

In what computer software programs are you proficient?

What other experiences or skills do you feel may qualify you for a position with Lifetouch?

Have you previously been employed by any Lifetouch company? Yes No If yes, which Company? _____

Position(s) held _____ Under what name? _____

From _____ To _____ Reason for Leaving _____

Are you subject to any employment agreement that could impact your ability to work for Lifetouch? Yes No

If yes, please attach copy of the agreement(s)

All persons shall have equal employment opportunities with Lifetouch Portrait Studios Inc. ("Lifetouch") regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of federal law regarding age discrimination, employment of the handicapped and Vietnam era veterans. Employment shall be based solely on the Company's need and the individual's qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which Lifetouch may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to Lifetouch. I hereby release Lifetouch, my former employer or other persons who may provide information from any liability as a result of providing such information.

I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by Lifetouch may be immediately withdrawn or if I am already employed by Lifetouch, I may be subject to immediate dismissal at Lifetouch's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by Lifetouch, other than for wages at the rate agreed upon for work I have actually performed for Lifetouch.

If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

In accordance with the Immigration and Control Act of 1986 Lifetouch will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.

I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may Lifetouch ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at at-will, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time. At-will employment may only be modified by written agreement signed by an Officer of the Company.

Signature: _____

Date: _____

Equal Opportunity Employer