

# EMPLOYMENT APPLICATION



Thank you for your interest in applying for employment with Strawbridge Studios, Inc. We serve public and private schools by photographing students for their portrait and yearbook requirements. We also partner with other commercial photography programs in sports and special events. Therefore, ethical and personal standards for our employees must meet all federal and state guidelines for working with children and educational organizations.

Strawbridge Studios, Inc. is an Equal Opportunity Employer and does not discriminate against any applicant or employee on the basis of race, color, religion, sex, national origin, age, marital status, ancestry, pregnancy, military or reserve service as well as veteran status, or handicap or disability. The employment will be based solely on the needs of Strawbridge Studios, Inc. and the individual's experience and qualifications. Strawbridge Studios, Inc. complies with all federal and state requirements for working with children and schools in its hiring practice, which includes background checks and other potential state requirements.

Please answer the following questions honestly and completely even if you submit a resume. This form must be completed in its entirety.

**Today's Date:**

## PERSONAL INFORMATION

Last Name		First Name			Middle Initial
Street Address (No PO Box)	City	State	County	Zip	Home Telephone No.
Previous Address	City	State	County	Zip	Cell Phone No.
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Email	Driver's License No.	
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____			Are you legally authorized to work in the United States? If hired, can you furnish proof of residency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Applying For:			Available Start Date		
Referred By: <input type="checkbox"/> Online <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> SSI Employee (if by SSI Employee, list who) _____			Expected Rate of Pay \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salary		
Have you ever been convicted of a crime, other than minor traffic violations?  <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you had any accidents in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____		
Have you been cited for any moving violations in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____			Has your driver's license ever been suspended, revoked, denied or cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____		
Do you have full access of an automobile?  <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been denied or been cancelled on an auto insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Answer all questions completely. Attach additional pages if necessary.**

## **EMPLOYMENT HISTORY**

<b>1</b>	Employer	Employed		Earnings	
		From	To	Starting	Ending
Address		Your Responsibilities			
Job Title					
Name of Supervisor		Reason for leaving			
Title of Supervisor		May we contact this employer? Yes      No		Telephone #	

<b>2</b>	Employer	Employed		Earnings	
		From	To	Starting	Ending
Address		Your Responsibilities			
Job Title					
Name of Supervisor		Reason for leaving			
Title of Supervisor		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone #	

<b>3</b>	Employer	Employed		Earnings	
		From	To	Starting	Ending
Address		Your Responsibilities			
Job Title					
Name of Supervisor		Reason for leaving			
Title of Supervisor		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone #	

## EDUCATION

Name of School and City, State	Number of Years Completed	Major or Coursework	Degree/Certificate	Did you Graduate?
High School				
Business/Technical				
College/University				
Graduate/Professional				
Professional Training Attended:				
Seminars Attended:				
Other:				

## REFERENCES

Please list two (2) personal references		
Name	Home Phone No.	Cell Phone No.

Please list two (2) professional references		
Name	Business or Organization	Phone No.

## OTHER QUALIFICATIONS

List of trade organizations or relative trade associations and membership:

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# **Strawbridge Studios Inc.**

## **Photographer Job Description**

**Title:** Photographer

**Reports to:** Territory Manager

**Location:** In the field – Territory

**Personnel Supervised:** None

### **Responsibilities and job duties:**

- ✓ Attends company sponsored trainings when assigned
- ✓ Checks emails daily
- ✓ Drives to scheduled jobs and arrives a minimum of one hour before scheduled start time
- ✓ Transports assigned camera and lighting equipment to each assigned school
- ✓ Unloads and transports camera and lighting equipment from their vehicle to the assigned picture day set up location in each account
- ✓ Sets up picture day set up to meet and exceed company standards
- ✓ Adjusts equipment and location to accounts specifications and needs
- ✓ Greets all customers with a smile and professional manner from children to parents to school or account administration
- ✓ Photographs minimum number of students as assigned in company standards
- ✓ Makes adjustments to ensure overall exceptional portrait work on all subjects including but not limited to details such as hair, collars, position and grooming and posing
- ✓ Ensures each customer photographed has an exceptional portrait taken
- ✓ Ensures proper paperwork and procedures are followed on each assigned picture day
- ✓ Completes assigned paperwork immediately after picture day
- ✓ Ships complete job after each assigned picture day within 24 hours of that picture day
- ✓ Collects and safeguards all payments at camera
- ✓ Supports other team members on picture days and aids help when needed or not working
- ✓ Maintains proper handling and packaging of assigned equipment
- ✓ Other duties as assigned

### **Minimum requirements:**

- ✓ High School Diploma
- ✓ Complete and full use of dependable and insured motor vehicle
- ✓ Willingness to travel
- ✓ Ability to work on a team and as an individual – independently
- ✓ Outstanding verbal skills
- ✓ A complete passion for working with kids
- ✓ Ability to read and write emails

- ✓ Complete all requirements to work in US Public Schools – background and other checks
- ✓ A positive outlook on life and positive attitude
- ✓ Incredible eye sight and attention to detail
- ✓ Excellent hand writing skills

**Understanding of Physical Activities:**

<b>Physical Activities</b>	<b>Very Little</b>	<b>At times</b>	<b>Frequent</b>	<b>Constant</b>
Squatting				
Walking				
Running				
Standing				
Bending				
Kneeling				
Twisting				
Reaching High				
Stretching				
Driving				
Typing				
Lifting & Carrying 1-15lbs				
Lifting & Carrying 16-25lbs				
Lifting & Carrying 26-50lbs				
Lifting & Carrying 51-100lbs				
Pulling & Pushing 1-15lbs				
Pulling & Pushing 16-25lbs				
Pulling & Pushing 26-50lbs				
Pulling & Pushing 51-100lbs				
Pulling & Pushing 101+lbs				
Stooping				
Repetitive Movements				
Gripping				
Speaking				
Smiling				
Turning				
Climbing Stairs				

<b>Mental Activities</b>	<b>Very Little</b>	<b>At times</b>	<b>Frequent</b>	<b>Constant</b>
Problem Solving				
Counting				
Math				
Reasoning				
Dealing with concurrent tasks				

Dealing with multiple issues				
Dealing with multiple people				
Dealing with noise exposure				
Dealing with customers				
Reading				
Email Responses				
Tasking challenges				

Photographer Position at Strawbridge Studios Inc.

I understand and acknowledge I have read the job description for a Photographer at Strawbridge Studios Inc. and have had the opportunity to ask questions and gain a full understanding of the position for which I am applying. By signing this, I understand I agree that I can and will perform all the responsibilities and duties of the position and understand the physical and mental demands of a photographer are but are not limited to by this outlined description. In addition, I agree that I will pass all background checks that are required by state and federal law for working with children and schools.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Interviewed by: (SSI Employee)

\_\_\_\_\_  
Hiring Manager

## **Strawbridge Studios Seasonal Status Agreement**

I have been informed that the position I am applying for with Strawbridge Studios, Inc. is an entry level position and is seasonal. I realize that absolutely no work is available when schools are out for Christmas holidays, summer, etc. Therefore, understand that my employment status with Strawbridge Studios, Inc. is of a seasonal nature. I realize that I will not have hours and days of work during those times in the position I am currently applying for.

Example of Seasonal Slow Downs  
(Late November – Early January)  
(Late May – Early August)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Investigational, Authorization & Release Form for Strawbridge Studios, Inc.**

### **PLEASE READ AND UNDERSTAND THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING THIS APPLICATION**

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to Strawbridge Studios, would affect my application unfavorably.

If I am hired by Strawbridge Studios, and management discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with Strawbridge Studios. I understand that if I am employed by Strawbridge Studios, I may be required to undergo a medical examination or testing for alcohol or illegal drugs at any time.

If employed by Strawbridge Studios, I agree to abide by all Strawbridge Studios' rules, regulation, and policies.

I understand that nothing in this employment application creates a contract of employment between me and Strawbridge Studios. If I am hired by Strawbridge Studios, my employment and compensation are "at will," which means that my employment can be terminated, either by Strawbridge Studios or me, with or without cause, and with or without notice.

In the event of my personal indebtedness to Strawbridge Studios, I authorize Strawbridge Studios to withhold from my wages such amounts as permitted by law to satisfy my obligation to Strawbridge Studios.

I give Strawbridge Studios my permission to conduct any investigation regarding the information contained in this employment application, which management thinks is necessary to determine my qualifications for assuming a job with Strawbridge Studios. I give management my permission to contact any former employer, school, college or university, office, any personal or professional reference, or any other appropriate source or individual for the propose of gathering information, personal or otherwise, that such sources may have about my character, general reputation, education, or employment record, and I give my consent to any such source to release to Strawbridge whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

It is my understanding that Strawbridge Studios will make an investigation of my entire work and personal history and may verify all data given on my application. I understand this investigation may include Strawbridge Studios checking criminal history and education records on me, including such as to my character, general reputation, personal characteristics, etc.

I authorize such an investigation and the given/receiving of any information requested by Strawbridge Studios or its agent who will conduct the investigation, and I release from liability any person giving or receiving any such information.

This authorization in original or copy form shall be valid for this and any further reports that may be requested.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **Driver Privacy Protection Act Authorization To Disclose Personal Information (DL-DPPA-2)**

I understand that personal information contained in my Motor Vehicle records is protected by the Federal Driver Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person:

**Strawbridge Studios, Inc.  
P.O. Box 3005**

Person to receive information: **Durham, NC 27715-3005**

Your Signature: \_\_\_\_\_

Your full name as it appears on your license (print clearly):

\_\_\_\_\_

Your Driver's License/ID number: \_\_\_\_\_

Please list the state your current Driver's License is valid in: \_\_\_\_\_

Date: \_\_\_\_\_

## AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize **Strawbridge Studios. Inc.** (the “Company”) to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.\* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports\* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history\*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker’s compensation injuries; and verification of prior employment and education.

\*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: ☐

Please print your Full Legal Name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today’s Date (MM/DD/YY)

### **BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

First Name \_\_\_\_\_ Middle Name (required) \_\_\_\_\_ Last Name \_\_\_\_\_

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

For Identification Purposes Only: Date of Birth \_\_\_\_\_ (Month/Day/Year)

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

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

#### **Addresses Within The Past Seven Years (use a separate sheet as needed)**

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_\_ (Month/Day/Year) To \_\_\_\_\_ (Month/Day/Year)