



Photo Lab, Inc. Application

Equal Opportunity Employer/Affirmative Action Employer
The State of Ohio does not tolerate violence in the workplace.

GENERAL INSTRUCTIONS	HOW DO WE CONTACT YOU			
<ul style="list-style-type: none"> Please type of print in ink. To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying. All information you submit is subject to verification. Fax or email this application and/or your resume to 513-672-8307 	Name (Last, First, MI)			
	Social Security Number			
	Mailing Address			
	City	County	State	Zip Code
	Home Phone		Cell Phone	

EDUCATION

HIGH SCHOOL				
NAME/ADDRESS OF SCHOOL	RECEIVED	<input type="checkbox"/> Diploma	<input type="checkbox"/> Other	<input type="checkbox"/> None
<i>YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:</i>				

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:

JOB RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)							
NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YR)		CREDIT HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO			CLASS CLOCK	YES
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

YOUR NAME WHILE ATTENDING SCHOOL IF DIFFERENT FROM THE APPLICATION:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Drivers License, Teacher, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION or CERTIFICATION:	Number	Date Received	Expiration Date	State licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. **Use a separate block to describe each position or gap in employment.** If needed, attach additional sheets, using the same format as on the application. All information in this section **must** be completed. **Resumes may be attached to provide additional information.**

1 Name of Present or Last Employer _____

Address _____ Phone Number _____

Your Job Title _____ Supervisor's Name _____

FROM (date) ____ TO (date) ____ HOURS PER WEEK: ____ _____

Your Name if Different During Employment

Duties and Responsibilities

Reason(s) for Leaving:

2 Name of Present or Last Employer _____

Address _____ Phone Number _____

Your Job Title _____ Supervisor's Name _____

FROM (date) ____ TO (date) ____ HOURS PER WEEK: ____ _____

Your Name if Different During Employment

Duties and Responsibilities

Reason(s) for Leaving:

3 Name of Present or Last Employer _____

Address _____ Phone Number _____

Your Job Title _____ Supervisor's Name _____

FROM (date) ____ TO (date) ____ HOURS PER WEEK: ____ _____

Your Name if Different During Employment

Duties and Responsibilities

Reason(s) for Leaving:

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe are **relevant to the position you seek**, such as operating heavy equipment, computer skills, fluency in language(s), etc.

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The State of Ohio hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

CERTIFICATION

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personal staff, and other authorized employees of Photo Lab, Inc. for employment purposes. This consent shall continue to be effective during my employment, if I am hired. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____ DATE: _____