



Columbia Lab	Pittsburg Lab
1712 E. Pointe Columbia, MO 65202 phone 800.958.0360 fax 573-875-7974	610 E. Jefferson Pittsburg, KS 66762 phone 800.835.0603 fax 620.231.6783
www.millerslab.com	

The following information is requested in order to help us make the best possible placement within Miller's Professional Imaging. All portions of this application pertaining to you must be completed. Miller's Professional Imaging, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record. All applications will be kept on file 90 days. Miller's Professional Imaging is an Equal Opportunity Employer.

Name _____ Date _____
LAST FIRST MIDDLE INITIAL MONTH DAY YEAR

Address _____
STREET ADDRESS CITY STATE ZIP

Social Security number _____ Telephone Number () - _____

Are you a student? Yes No If Yes, expected date of graduation? _____

What time are you out of school each day? _____

Are you of legal age to work? Yes No Are you legally entitled to work in the United States? Yes No

Have you ever been employed here before? Yes No If yes, give dates: _____ to _____

Position for which you are applying _____

Would you like to be considered for other positions? Yes No

How many hours per week can you work? 20-30 hours 30-40 hours 40 + hours

Shifts Able to work: Day Evening Any

Can you work overtime? Yes No Can you work weekends during our busy season? Yes No
(other than for religious reasons)

COMPUTER AND DIGITAL IMAGING SKILLS:
 List all software knowledge:

ARTISTIC SKILLS:
 Briefly explain your background in art:

Indicate the medium you have used: Watercolor Pastels Chalk Oils Pencils

Others: _____ Have you used an airbrush? Yes No Do you have a portfolio? Yes No

EDUCATION: Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of Years Complete	Graduated		Degree, Major, or favorite subjects.
College		<input type="checkbox"/> Yes	If no, approximate number of credit hours completed: _____	
Other		<input type="checkbox"/> Yes	If no, approximate number of credit hours completed: _____	
Other		<input type="checkbox"/> Yes	If no, approximate number of credit hours completed: _____	
High School/GED		<input type="checkbox"/> Yes	If no, approximate number of credit hours completed: _____	

EMPLOYMENT: Please list the last three jobs you have held. List your current or most recent job first.			
Dates Employed (month/year)		Position Title:	
From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time, ___ hours/week
Salary:	Organization Name/Address		
Start: \$ ___ per	Final: \$ ___ per		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:			
Dates Employed (month/year)		Position Title:	
From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time, ___ hours/week
Salary:	Organization Name/Address		
Start: \$ ___ per	Final: \$ ___ per		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:			
Dates Employed (month/year)		Position Title:	
From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time, ___ hours/week
Salary:	Organization Name/Address		
Start: \$ ___ per	Final: \$ ___ per		
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's Name/Title/Phone:		Reason For Leaving:
Duties:			

List any special skills you may have:

How long do you plan to reside in the area?

Do you know anyone presently working at Miller's?

If you would like to add anything, please use this space:

This application was given to me by:

How did you hear about Miller's Professional Imaging?

REFERENCES: Please list the names and contact information for three people familiar with your work experience.

1.	Name	Relationship	How to contact
2.	Name	Relationship	How to contact
3.	Name	Relationship	How to contact

I understand and agree that this application, by itself or together with other company documents or policy statements, does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time and for any reason.

Unless noted above in the employment section, I authorize my current and previous places of employment to release information from my employment records to the Human Resources department of Miller's Professional Imaging.

Application will not be accepted without a valid signature.

Signature

Date

