



**DRIVER/ PHOTORAPHER APPLICATION FOR EMPLOYMENT**

Liquid Descent is an equal opportunity employer. The Company does not discriminate on the basis of age, race, color, religion, sex, ancestry, creed, national origin, individuals with disabilities, marital status, sexual and affection preferences, or any other type of discrimination prohibited by any local, state or federal law.

Date: \_\_\_/\_\_\_/\_\_\_ Job applying for: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_  
 Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Initial: \_\_\_ Last Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Employment information**

From	To	Employer & position (post)	Reasons for departure
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**Education**

From	To	Name of University and Major Subject	Diploma, degree or certificate granted

Describe any professional photography experience you may have?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any retail or customer experience you may have?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have your own Camera? \_\_\_\_\_ would you be willing to use it at work? \_\_\_\_\_

Do you have a CDL? \_\_\_\_\_ if not, would you be willing to train with LD to get one? \_\_\_\_\_

**DRIVER LICENSE INFORMATION**

License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

CDL Type: ( ) A ( ) B Endorsements

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ( ) Yes ( ) No

If yes, explain \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? ( ) Yes ( ) No

If yes, explain \_\_\_\_\_

Have you had an OWI in the past 5 years? ( ) Yes ( ) No

**ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

	Date	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	Fatalities/Injuries
Last accident			
Previous			
Previous			

**TRAFFIC CONVICTIONS/ FORFEITURES FOR PAST 5 YEARS ( OTHER THAN PARKING VIOLATIONS)**

IF NONE, WRITE NONE

Location	Date	Charge	penalty

Where did you hear about Liquid Descent?

\_\_\_\_\_

Why do you want to work for Liquid Descent?

\_\_\_\_\_  
\_\_\_\_\_

What does attention to detail mean to you?

\_\_\_\_\_  
\_\_\_\_\_

Read the following statement carefully, Answer the last question and sign.

Disclaimer

**Affidavit**

I certify that the answers given by me in the foregoing questions and statements are true and correct without omissions of any kind. I authorize the U.S. Government, companies, schools or persons named above to give any information they may have regarding my employment, separation or discharge together with any information they may have regarding me whether or not it is in their records. I understand and agree that a false statement herein is grounds for denial of employment, or basis for dismissal if already employed. It is further understood that my employer will not be responsible for any of my property lost, stolen or damaged.

Have you been convicted of a crime within the last seven years? YES NO

If yes, please give details. \_\_\_\_\_

I authorize Liquid Descent to make a complete investigation of all statements contained on my application. I understand that any offer of employment is conditioned upon the satisfactory completion of this verification process and further interviews and/or satisfactory completion of training programs. I understand that Ouzel Outfitters will hire only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity.

SIGN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_