



**THE GRENIER FAMILY**  
PHOTOGRAPHERS SINCE 1948

Positions Applied For:

\_\_\_\_\_ Photographer

\_\_\_\_\_ Photographer Assistant

\_\_\_\_\_ Customer Sales Representative

\_\_\_\_\_ Customer Service Representative

\_\_\_\_\_ Finishing Associate

\_\_\_\_\_ Other: \_\_\_\_\_  
Please Specify

For Office Use Only:

Dates of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Wage: \_\_\_\_\_

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

APPLICATION FOR EMPLOYMENT								
LAST		FIRST	MIDDLE INT	SOCIAL SECURITY NUMBER				
NAME: _____								
PERMANENT ADDRESS:		STREET	APT #	E-MAIL ADDRESS				
CITY		STATE	ZIP CODE	PHONE NUMBER				
Have you ever applied for employment at Grynn & Barrett before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date of application: _____			Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates of employment, department(s), job duties: _____								
According to federal and state minor labor laws, certain restrictions apply to employees under the age of 18. To assist us in complying with these laws, if you are under 18, please supply your age: _____ and date of birth ____/____/____								
If a driver's license is required for the position(s) you are seeking, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state? _____								
Applicants having sealed conviction records on file with the Commissioner of Probation may answer "no record" to the following questions: Within the past five years, have you ever been convicted of a misdemeanor? (applicants may answer "no" with respect to a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Note: a conviction will not necessarily disqualify an applicant for employment.) _____ _____								
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. (Note: a conviction will not necessarily disqualify an applicant for employment.) _____ _____								
Date you are available to start work: ____/____/____ When do you anticipate your employment to end? ____/____/____ Check all days that you are available to work: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> Su Hours available: ____ to ____ to ____ to ____ to ____ to ____ to ____ to ____								
SCHOOL	NAME OF SCHOOL	CITY & STATE	CIRCLE HIGHEST GRADE COMPLETED				GPA	MAJOR
HIGH SCHOOL			9	10	11	12		
COLLEGE			1	2	3	4		
OTHER			1	2	3	4		
If relevant to the position(s) applied for, list occupational qualifications or special skill (technical, foreign languages, typing, computer, equipment operation, etc.)								
Career Goal: _____								
We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, national origin, color, age, sex (including pregnancy), sexual orientation, religion, marital status, ancestry, disability, medical condition, veteran status, or HIV or AIDS status, genetic information, and any other characteristic protected by applicable law. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment; an employer who violates this law shall be subject to criminal penalties and civil liabilities.								

<b>EMPLOYMENT HISTORY</b> (Include volunteer work) (Give present or most recent position first. If additional space is needed, attach separate sheet)				
DATES: FROM TO		COMPANY	ADDRESS	
WAGE START END		TITLE & JOB DUTIES	REASON FOR LEAVING	
SUPERVISOR'S NAME & TITLE		PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATES: FROM TO		COMPANY	ADDRESS	
WAGE START END		TITLE & JOB DUTIES	REASON FOR LEAVING	
SUPERVISOR'S NAME & TITLE		PHONE	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>REFERENCES</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>	How is this person associated with you? (E.G. Business, Personal, Academic)
Do you have relatives presently employed with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please list name(s) and relationship(s)				
Source through which you applied: <input type="checkbox"/> Walk In <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employee <input type="checkbox"/> grynncandbarrett.com <input type="checkbox"/> Friend				
<input type="checkbox"/> Other _____				

My signature below indicates that I have read and fully understand the questions asked on this application. I certify that all answers provided by me are true and accurate and complete to the best of my knowledge. I understand that the omission, falsification and/or misrepresentation of any fact from this application or during an interview will be cause for rejection of my application or immediate dismissal if I become employed.

I further understand that the Company is an at-will employer. This means that if I am employed, it is not for any specific time or duration. I understand that, just as I am free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that this employment application and any other Company documents are not contracts of employment. I further understand that no representative of the Company has the authority to make any assurances to the contrary.

I understand that the Company and all other plan administrators shall have maximum discretion permitted by the law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment.

I authorize all schools, persons, previous employers and other organizations named in this employment application to provide the Company (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision, and hereby release any such schools, persons, employers and organizations from any liability which they might otherwise incur to me as a result.

I give my permission to Gynn & Barrett, Inc. to investigate any and all facts surrounding my background as necessary in the evaluation of my suitability for employment in the position sought.

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

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