

INTERSTATE OPTICAL COMPANY

EMPLOYMENT APPLICATION



WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

DATE OF APPLICATION:

APPLICANT INFORMATION (please print legibly)

Last Name		First		M.I.	Maiden Name
Street Address			Apartment/Unit #		
City	State		ZIP		
Home Phone	Cell Phone	E-mail Address			
Date Available			Desired Salary		
Position Applied for					
Best time to contact you		AM or PM			
If you are under 18 years of age, can you provide required proof of your birth date?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever filed an application with us before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, give date	
Have you ever worked for this company or another Essilor-affiliated company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do any of your friends or relatives, other than spouse, work here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, state name & relationship.	
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where?	
May we contact your current employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred by:	
Are you currently on "lay-off" status and subject to recall?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you travel if job requires?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Proof of Citizenship or Immigration status will be required upon employment.</i>	
Work Availability (circle all that you are available to work)		Full Time: Please circle shift(s) 1 2 3			

EDUCATION

High School		City/State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		City/State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		City/State	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

Additional Information (state any additional information you feel may be helpful to us in considering your application):

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ Yes ___ No

WORK EXPERIENCE

Starting with your current (or most recent) employment, provide the information below for the last 3 positions you've held. Include any job-related military service assignments and volunteer activities. Exclude organizations which include race, color, religion, gender, national origin, disabilities or other protected status.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

PERSONAL OR PROFESSIONAL REFERENCES (do not include family members or past supervisors)

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT AND SIGNATURE

I certify that my answers are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date
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For Office Use Only: Date of Employment: _____ Rate of Pay: _____ Team Lead: _____ Position: _____

Shift: _____ 90 Day Review: _____ Hours Scheduled: _____ Authorized by: _____