

Pech Optical Corp. 2717 Murray St. Sioux City, IA 51111

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, the presence of a non-job related medical condition, or any other legally protected status.

	Application Date:  Social Security Number:						
Name:							
Address:	Last		First	Middle			
-aurooo.	Number	Street	City	State	Zip Cod		
Telephone:	( ) Area Code						
Position(s) Ap	plied For:						
Referral Sourc		nployee	☐ Relative	☐ Internet Posting	☐ Walk-in		
	☐ Em	ployment Agency	☐ Newspaper	☐ Other			
f referred by a	an employee,	name of employee:					
lave you filed	an application	on with Essilor before?	☐ Yes	☐ No If yes, giv	e date:		
lave you ever	been employ	ed with Essilor before?	☐ Yes	☐ No If yes, giv	e date:		
Inited States?	?	to work for any employe	er in the	□ No			
Salary Require	ements:		Date Available:		_		
Are you apply	ing for:	☐ Full-Time	☐ Part-Time	☐ Shift Work	☐ Temporary		
Are you willing	g to work irre	gular hours and overtim	ne as required?	☐ Yes ☐ No			
What days are	you available	e to work?:					
What hours ar	e you availab	le to work?:		-			
				_			
lave you beer	n convicted o	f a felony within the las	t 7 years?	Yes 🗆 No			
f so please pr	ovide dates a	ind details.					
Responding ye	s above is not a	an immediate disqualificat	ion of employment)				



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### **EDUCATION**

Name	Address (Street,	City, State)	Subject	Completed	Awarded
High School or Prep				1 2 3 4	
Business School				1 2 3 4	
College				1 2 3 4	
Graduate Work				1 2 3 4	
Special Skills and Qualificat	tions:				
PRESENT OR LAST EMPLO	YER	EMPLO	YMENT HISTORY		
Company Name:		Address (	(Street, City, State):		
Employment Dates:To:	From:	Starting Salary:		Company Phone Numb	oer :
lob Title:		Job Duties:			
Reason for Leaving:					
PREVIOUS EMPLOYER					
Company Name:		Address (	Street, City, State):		
Employment Dates: <u>To:</u>	From:	Starting Salary:	Leaving Salary:	Company Phone Numb	oer :
Reason for Leaving:					
PREVIOUS EMPLOYER					
Company Name:		Address (	Street, City, State):		
Employment Dates: <u>To:</u>	From:	Starting Salary:	Leaving Salary:	Company Phone Numb	oer :
I.b. Tal		Lab Double a			
Reason for Leaving:			_		
PREVIOUS EMPLOYER					
Company Name:		Address (	(Street, City, State):		
Employment Dates: To:	From:	Starting Salary:	Leaving Salary:	Company Phone Numb	oer :
Job Title:					



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### **PROFESSIONAL REFERENCES**

Name	Company	Title	Phone Number

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract for employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason, or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

I hereby authorize and permit credit companies, police agencies, former employers, and schools to provide information concerning me to Essilor of America, or any of its subsidiary or affiliated corporations, and I expressly release Essilor of America and any such information provider from any liability related to the provision of information pertaining to me.

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	Signature of Applicant / Date