



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.

Please provide name as it appears on your Social Security Card/Paperwork

Application Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ )  
 Last First Middle

Address: \_\_\_\_\_  
 Number Street City State Zip Code

Telephone: ( ) \_\_\_\_\_  
 Area Code

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Employee  Relative  Internet Posting  Walk-in  
 Employment Agency  Newspaper  Other

If referred by an employee, name of employee: \_\_\_\_\_

Have you filed an application with Essilor before?  Yes  No If yes, give date: \_\_\_\_\_

Have you ever been employed with Essilor before?  Yes  No If yes, give date: \_\_\_\_\_

Are you legally authorized to work for any employer in the United States?  Yes  No  
(proof of citizenship or immigration status will be required upon employment)

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_

Are you applying for:  Full-Time  Part-Time  Shift Work  Temporary

Are you willing to work irregular hours and overtime as required?  Yes  No

What days are you available to work?: \_\_\_\_\_

What hours are you available to work?: \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No

If so please provide dates and details. \_\_\_\_\_  
(Responding yes above is not an immediate disqualification of employment)

Provide E-Mail address \_\_\_\_\_



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## EDUCATION

Name	Address (Street, City, State)	Major Course or Subject	Circle Last Year Completed	Degree & Yr 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 Qualifications:**

## EMPLOYMENT HISTORY

### PRESENT OR LAST EMPLOYER

Company Name: \_\_\_\_\_ Address (Street, City, State): \_\_\_\_\_  
 Employment Dates: To: \_\_\_\_\_ From: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_ Company Phone Number : \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### PREVIOUS EMPLOYER

Company Name: \_\_\_\_\_ Address (Street, City, State): \_\_\_\_\_  
 Employment Dates: To: \_\_\_\_\_ From: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_ Company Phone Number : \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### PREVIOUS EMPLOYER

Company Name: \_\_\_\_\_ Address (Street, City, State): \_\_\_\_\_  
 Employment Dates: To: \_\_\_\_\_ From: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_ Company Phone Number : \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

### PREVIOUS EMPLOYER

Company Name: \_\_\_\_\_ Address (Street, City, State): \_\_\_\_\_  
 Employment Dates: To: \_\_\_\_\_ From: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_ Company Phone Number : \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_



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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

**Please save this form to your computer and  
 email it to [hr@pech.com](mailto:hr@pech.com)**

**IF AVAILABLE, PLEASE ALSO ATTACH YOUR RESUME**