

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 PRINT)

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone ( \_\_\_\_\_ ) Social Security No. \_\_\_\_\_  
AREA CODE

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

Referral Source:      Advertisement      Friend      Relative  
 Employment Agency      Other      Walk-In

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

Have you filed an application here before?      Yes      No     IF YES, GIVE DATE \_\_\_\_\_

Have you ever been employed here before?      Yes      No     \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(proof of citizenship or immigration status will be required upon employment)      Yes      No     \_\_\_\_\_

Are there any days of the week that you can't work? \_\_\_\_\_

Salary requirements \_\_\_\_\_     Hours available to work? \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work      Full-Time      Part-Time      Shift Work      Temporary

Have you been convicted of a felony within the last 7 years?      Yes      No  
(Conviction will not necessarily disqualify applicant from employment)

If Yes, please explain \_\_\_\_\_

### EDUCATION

| NAME   | ADDRESS | CITY | STATE | MAJOR COURSE OR SUBJECT              | CIRCLE LAST YEAR COMPLETED | DEGREE |
|--|---------|------|-------|--------------------------------------|----------------------------|--------|
| HIGH SCHOOL OR PREPARATORY   |         |      |       |                                      | 1   2   3   4              |        |
| BUSINESS SCHOOL  |         |      |       |                                      | 1   2   3   4              |        |
| COLLEGE  |         |      |       |                                      | 1   2   3   4              |        |
| GRADUATE WORK  |         |      |       |                                      | 1   2   3   4              |        |
| ARE YOU PLANNING TO PURSUE FURTHER STUDIES?  |         |      |       | IF SO, WHEN, WHERE AND WHAT COURSES? |                            |        |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DAY SCHOOL <input type="checkbox"/> NIGHT SCHOOL |         |      |       |                                      |                            |        |
| SPECIAL SKILLS AND QUALIFICATIONS (optical skills, typing, etc.)   |         |      |       |                                      |                            |        |
|  |         |      |       |                                      |                            |        |

### EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, DO NOT list dates of employment for jobs held more than 5 years ago.

| NAME AND ADDRESS OF EMPLOYER | DATES EMPLOYED |          | TELEPHONE | POSITION   | SALARY   |         | REASON FOR LEAVING |
|------------------------------|----------------|----------|-----------|------------|----------|---------|--------------------|
|                              | FROM MO/YR     | TO MO/YR |           |            | STARTING | LEAVING |                    |
| COMPANY                      | FROM MO/YR     | TO MO/YR |           |            |          |         |                    |
| NUMBER AND STREET            | AREA CODE      |          |           |            |          |         |                    |
| CITY AND STATE               | NUMBER         |          |           | SUPERVISOR | DUTIES   |         |                    |
| COMPANY                      | FROM MO/YR     | TO MO/YR |           |            |          |         |                    |
| NUMBER AND STREET            | AREA CODE      |          |           |            |          |         |                    |
| CITY AND STATE               | NUMBER         |          |           | SUPERVISOR | DUTIES   |         |                    |
| COMPANY                      | FROM MO/YR     | TO MO/YR |           |            |          |         |                    |
| NUMBER AND STREET            | AREA CODE      |          |           |            |          |         |                    |
| CITY AND STATE               | NUMBER         |          |           | SUPERVISOR | DUTIES   |         |                    |
| COMPANY                      | FROM MO/YR     | TO MO/YR |           |            |          |         |                    |
| NUMBER AND STREET            | AREA CODE      |          |           |            |          |         |                    |
| CITY AND STATE               | NUMBER         |          |           | SUPERVISOR | DUTIES   |         |                    |

### PLEASE READ AND SIGN BELOW

**SUBSTANCE-FREE WORKPLACE ACKNOWLEDGEMENT:** I understand that it is the policy of the Company to maintain a workplace free of illegal drugs and misuse of alcohol and they will not knowingly hire anyone who uses illegal drugs. I also understand that any offer of employment made to me by the Company is conditional upon the results of a drug test being acceptable by the Company. I accept, that if I am hired, the Company reserves the right to test its employees for drug and alcohol use in accordance with Company policies regarding such tests.

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 of 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 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 Select Optical, or any of its subsidiary or affiliated corporations, and I expressly release Select Optical and any such information provider from any liability related to the provision of information pertaining to me.

\_\_\_\_\_  
SIGNATURE OF APPLICANT / DATE