



Essilor considers 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 FOR EMPLOYMENT

Application Date: _____

Name: _____
 Last First Middle

Address: _____
 Number Street City State Zip Code

Telephone: (____) _____ Email: _____
 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. Illinois applicants are not obligated to disclose sealed or expunged records of conviction or arrest.)

EDUCATION

NAME	ADDRESS (CITY, STATE, ZIP)	MAJOR COURSE OR SUBJECT	CIRCLE LAST COMPLETED YEAR	DEGREE & YEAR 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 (OPTICAL SKILLS, TYPING, ETC.):

ARE YOU PLANNING TO PURSUE FURTHER STUDIES?
 YES NO DAY SCHOOL NIGHT SCHOOL

IF SO, WHEN, WHERE AND WHAT COURSES?

EMPLOYMENT HISTORY

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
					STARTING	LEAVING	
COMPANY		FROM MO/YR	TO MO/YR				
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES		
CITY & STATE	ZIP	NUMBER					

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COMPANY		FROM MO/YR	TO MO/YR				
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CITY & STATE	ZIP	NUMBER					

PROFESSIONAL REFERENCES

NAME	COMPANY	TITLE	PHONE NUMBER

PLEASE READ AND SIGN BELOW

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 part 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.

_____ Signature of Applicant _____ Date

ESSILOR IS AN EQUAL OPPORTUNITY EMPLOYER