



Essilor considers applicants for all positions without regard to race, color, religion, sex, gender identity, 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:** ( ) \_\_\_\_\_  
 Area Code

**Email:** \_\_\_\_\_

**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?:** \_\_\_\_\_

A criminal background check or background inquiry will be conducted for this position either at the time an applicant is selected for an interview or as a part of a conditional offer of employment.

## EDUCATION

NAME	ADDRESS (CITY, STATE, ZIP)	MAJOR COURSE OR SUBJECT	CIRCLE LAST COMPLETED YEAR	DEGREE 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	

**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			REASON FOR LEAVING
COMPANY		FROM MO/YR	TO MO/YR	POSITION	
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES
CITY & STATE	ZIP	NUMBER			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED TELEPHONE			REASON FOR LEAVING
COMPANY		FROM MO/YR	TO MO/YR	POSITION	
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES
CITY & STATE	ZIP	NUMBER			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED TELEPHONE			REASON FOR LEAVING
COMPANY		FROM MO/YR	TO MO/YR	POSITION	
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES
CITY & STATE	ZIP	NUMBER			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED TELEPHONE			REASON FOR LEAVING
COMPANY		FROM MO/YR	TO MO/YR	POSITION	
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES
CITY & STATE	ZIP	NUMBER			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED TELEPHONE			REASON FOR LEAVING
COMPANY		FROM MO/YR	TO MO/YR	POSITION	
NUMBER & STREET		AREA CODE		SUPERVISOR	DUTIES
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**

Equal Opportunity Employer/Disabled/Veterans

**Invitation to Self-Identify Gender & Race  
Executive Order 11246**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, disability, national origin, age, or any other characteristic protected under or by Title VII or any other law applicable to a specific Essilor facility.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your gender and/or race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. **If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.**

Name:

\_\_\_\_\_

Last

First

Middle

Position Applied For: (only list one) \_\_\_\_\_

**INVITATION TO SELF-IDENTIFY**

What is your gender?  **Male**       **Female**

What is your race/ethnicity? Mark the **ONE** box that describes the category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.

Submission of this information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with Federal affirmative action regulations.

Equal Opportunity Employer/Disabled/Veterans

**Invitation to Self-Identify Veteran Status (Pre- and Post-Offer)**  
**Section 4212**

This employer is a Federal Government contractor subject to Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("Section 4212"), which prohibits discrimination against, and requires Federal Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. In addition, we are required to annually report to the Federal Government on the number of veterans we hire and employ who fall into one or more of the above Section 4212 veteran categories.

The following invitation to self-identify your veteran status for these purposes is made pursuant to Section 4212. Disclosure of this information is completely voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be kept confidential and used only in ways that are consistent with Section 4212.

Please read the following definitions carefully and then indicate whether you believe *any* of the categories apply to you. NOTE: You do *not* have to indicate the *specific* category or categories that apply.

**Active Duty Wartime or Campaign Badge Veteran**: a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below *or* in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

June 27, 1950 – January 31, 1955 (Korean conflict);

February 28, 1961 – May 7, 1975 (for veterans serving in the Republic of Vietnam);

August 5, 1964 – May 7, 1975 (for all other veterans who served during the Vietnam conflict);

August 2, 1990 – present (Gulf War).

Information on the wars, campaigns, or expeditions for which a campaign badge has been authorized may be found on the following website, <https://www.opm.gov/policy-data-oversight/veterans-services/vet-guide/>.

**Armed Forces Service Medal Veteran**: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Disabled Veteran**: (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; *or* (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran**: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

- Yes, I believe one or more of the above categories apply to me.
- No, I do not believe one or more of the above categories apply to me.
- I prefer not to answer.

---

Our company participates in various veteran celebrations, remembrances, and recruiting/outreach events and initiatives. If you are willing to be contacted regarding participation in these occasions based on your veteran status, please check the box below.

- Yes, I am willing to be contacted regarding veteran occasions, events, and initiatives.

Name: \_\_\_\_\_

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

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 5 of 6

### Why are you being asked to complete this form?

Because this Employer does business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 6

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

---

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.