

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by law, the Company maintains a smoke-free workplace.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Name: _____
Last First Middle

Salary expectations: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____
 Home Cell

If you are under 18 years of age, please specify your age: _____
(This information will be used only for child labor law purposes.)

Are there any days, shifts or hours you will not work? Yes No
If yes, please explain: _____

Are you available for both of our locations? (Overland and St. Charles) Yes No

Will you work overtime, if required? Yes No

When will you be able to start work? _____

Are you acquainted with or related to any person employed here? Yes No

Who? _____ Relationship _____

Number of days absent from work last year due to sickness _____

Days absent from work last year due to reasons other than sickness _____

Explain: _____

Days tardy: _____ Explain: _____

How would you get to work? _____ How long would it take you? _____

Any professional license or certification: Yes No

Current license #: _____ State issued: _____

SPECIAL SKILLS

Check below the types of work you are proficient in:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Frame Dispensing | <input type="checkbox"/> Medical Ins Forms | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Training |
| <input type="checkbox"/> Frame Selection | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Filing | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Contact Lens I & R | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Accts Payable |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Multi-line Telephones | <input type="checkbox"/> Typing - WPM _____ | <input type="checkbox"/> Accts Receivable |

Check below the computer programs you are proficient in:

- | | | | |
|---|--------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Power Point | <input type="checkbox"/> Excel | <input type="checkbox"/> Office Mate |
|---|--------------------------------------|--------------------------------|--------------------------------------|

Other work skills: _____

PERSONAL INTERESTS

How do you feel about:

Pressure on the job? _____

Meeting people for the first time? _____

Helping others? _____

Working alone vs. with others? _____

What is your usual temperament? _____

Are you good at remembering names and faces? _____

What fields would you like to learn more about? _____

What do you do in your spare time? _____

Why are you suited for this position? _____

Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes No

Note: Answering "Yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action:

How did you learn about Overland Optical? _____

Where did you learn of this job? _____

Have you ever applied to/worked for Overland Optical or ADP TotalSource before? Yes No

If yes, when? _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work, every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

Do you have a valid driver's license? Yes No

License #: (May be required at hire) _____ State issued: _____

Have you had any tickets? Yes No

If yes, please explain: _____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/Certification/ Other							

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment **beginning with most recent employer**. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their **most recent job**, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Are you employed now? Yes No **May we contact your employer?** Yes No

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact? Yes No

Dates Employed; From: _____ To: _____ Rate of Pay; Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact? Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

(See last page for more)

Please explain any gaps in your employment history:

Have you ever been discharged or forced to resign? Yes No

If yes, please explain:

Did you receive any discipline in your last 12 months of active employment with your previous employer? Yes No

If yes, please explain:

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of scores used and what was your score?

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for the Company (you may be required to furnish a copy of the agreement)? Yes No

If yes, please explain:

REFERENCES (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

MILITARY (Complete only if you served in the military.)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Date of Discharge: _____

Reason for Leaving: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for:

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement and Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company and ADP TotalSource® to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY OR ADP TOTALSOURCE WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY OR ADP TOTALSOURCE.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests, submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the Company and ADP TotalSource to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release the Company, ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature: _____ Date: _____

Company Name: _____ Telephone: _____
Address: _____
Name of Supervisor: _____ May we contact? Yes No
Dates Employed; From: _____ To: _____ Rate of Pay; Start: _____ Last: _____
State job titles and describe job duties: _____
Reason for leaving: _____

Company Name: _____ Telephone: _____
Address: _____
Name of Supervisor: _____ May we contact? Yes No
Dates Employed; From: _____ To: _____ Rate of Pay; Start: _____ Last: _____
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Name of Supervisor: _____ May we contact? Yes No
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Additional Employment History Entries