

Employment Application

PO Box 219, Bandon, OR 97411
541-347-9467 541-347-8176 (fax)

This application is active for 90 days.

Last Name	First Name	Middle Initial	Date of Application:	
Mailing Address: Number/Street		City	State	Zip Code
Home Number	Cell Number	Email Address		

Position Applying for: _____

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No
If Yes, may we contact your current employer? Yes No

Are you at least 18 years of age? Yes No

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

Are you available to work: Day Shift Swing Shift Night Shift Weekends
 Full time Part time Overtime *Check all that apply*

What is your desired pay range? _____ If hired, list date available to begin work: _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

What are your employment goals? _____

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Received
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Work Experience

List names of employers in consecutive order with present or last employer listed first. If self-employed, give firm name and supply business references. If you worked in any of the positions under another name, please give name(s). **PLEASE GIVE MONTH AND YEAR.**

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Telephone Number(s):	Starting Job Title:		
Supervisor Name:	Final Job Title:		
Reason for Leaving:			
Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Telephone Number(s):	Starting Job Title:		
Supervisor Name:	Final Job Title:		
Reason for Leaving:			
Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Telephone Number(s):	Starting Job Title:		
Supervisor Name:	Final Job Title:		
Reason for Leaving:			

Comments: Include explanation of any gaps in employment.

Describe any qualifications, specialized training, apprenticeships, or skills.

Specialized Skills (✓ Skills/Equipment Operated)

Computer Spreadsheet _____ Word Processing _____ Database _____	Licenses/Certifications _____ _____ _____	Machine Tools, Machinery (list) _____ _____ _____	Other (list) _____ _____ _____
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State any additional information you feel may be helpful to us in considering your application.

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Personal/Professional References Do not include family members.

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

AFFIDAVIT

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents confirming my identity and showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contact and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

Signature _____ Date _____

This company is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PRE-EMPLOYMENT

EO 11246 and VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT (VEVRAA)

VOLUNTARY SURVEY

Hardin Optical is a government contractor subject to Executive Order 11246 and the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA), which requires affirmative action to employ and advance in employment qualified individuals without regard to race, color, national origin, religion, or veteran status.

We are compiling information to assist us in complying with our Affirmative Action Program goals, and are requesting you to complete this survey.

Submission of this information is completely voluntary. Information provided will be kept confidential and used only in ways consistent with Executive Order 11246, VEVRAA and government reporting requirements. Refusal to provide information will not subject you to any adverse employment decision.

Completion of this portion is required regardless of participation in the survey.

Name _____ Position Applied For: _____

Address _____ City _____ State _____ Zip _____

I Will Participate I Choose Not To Complete the Survey

MARK ONE OF THE FOLLOWING CATEGORIES FOR GENDER: Male Female

MARK ONE OF THE FOLLOWING CATEGORIES FOR ETHNICITY: Hispanic Not Hispanic

MARK ONE OF THE FOLLOWING CATEGORIES FOR RACE: (Please mark one in addition to the selection above. If you are more than one race please mark the "Two or More Races" box):

- Two or More Races (Non-Hispanic) Asian (Only) American Indian or Alaska Native (Only) Black or African American (Only) Native Hawaiian or other Pacific Islander (Only) White (Only)

MARK ONE OF THE FOLLOWING CATEGORIES FOR VETERAN STATUS:

- I am a Protected Veteran I am not a Protected Veteran

You are a "protected veteran" under VEVRAA if you belong to one of the veterans categories described below:

- Disabled Veteran: Veteran who served on active duty in the U.S. military and is entitled to disability compensation...
Active Duty Wartime or Campaign Badge Veteran: A veteran who served on active duty in the U.S. military during a war...
Recently Separated Veteran: A veteran separated during the three-year period beginning on the date of the veteran's discharge...
Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, participated in a U.S. military operation...