



Vision For Life

Last name		First	MI	For Personnel use only		Date of application		
Street address				Type(s) of work desired		Social Security number		
City		State	ZIP		Home telephone		Work telephone	
How were you referred to Bard Optical? (Circle only one)	A By your college	B Advertisement	C Employment agency	D By an employee	If so, give name:	E Open house	F Walk-in	G Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job				
Street address		Phone number		Brief description of job duties				
City		State	ZIP code					
Supervisor's name		Phone number						
Base salary	Dates worked From		To					
Reason for leaving								
Last or present company		Type of business		Type or classification of job				
Street address		Phone number		Brief description of job duties				
City		State	ZIP code					
Supervisor's name		Phone number						
Base salary	Dates worked From		To					
Reason for leaving								
Last or present company		Type of business		Type or classification of job				
Street address		Phone number		Brief description of job duties				
City		State	ZIP code					
Supervisor's name		Phone number						
Base salary	Dates worked From		To					
Reason for leaving								

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

If any of your educational or employment records are listed under a different name than listed above, please provide:

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held _____

Past and present civic or cultural activities — include offices held _____

Principal hobbies _____

Special Skills

To be completed by applicant for office/clerical work		To be completed by applicant for shop/plant work	
Typing	<input type="checkbox"/> Yes Words per minute: <input type="checkbox"/> No	Type of machines operated	Years experience
Dictation	<input type="checkbox"/> Yes Words per minute: <input type="checkbox"/> No		
Computer skills	<input type="checkbox"/> Hardware <input type="checkbox"/> Software		
Please list other skills and/or equipment/language experience you have acquired		List other shop/production skills	
		Served apprenticeship <input type="checkbox"/> Yes Type: <input type="checkbox"/> No	

Military Record

Branch of service: _____ From: _____ To: _____

Present military affiliation: None Reserve (active) Reserve (inactive)

Kinds of training and duty while in service:

Professional/Work References

List two past supervisors and one person unrelated to you who have knowledge of your qualifications for the position for which you are applying:

Name	Title/relationship	Address (street, city, state, zip code)	Phone number	Occupation

May we contact your present employer? Yes No

Wage or salary required:

Date available to begin work:

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date _____ Signature _____