



**APPLICATION FOR EMPLOYMENT**

List professional, trade, business or civic activities and offices held. You may, if you choose, exclude memberships that indicate sex, race religion, national origin, age, ancestry, disability, or other protected status:

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**PERSONAL REFERENCES**

Please do not list relatives or National Optronics employees.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

This application will be kept on file with National Optronics for six months and will be considered solely for the position for which I have applied. At the conclusion of such time, if I would still like to be considered for employment, I must complete a new employment application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please Print or Type:

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Present Address (if different from above) \_\_\_\_\_  
Street City State Zip Code

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position for which applying \_\_\_\_\_

Salary requirements \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

- I understand that this application will be given every consideration but is not a promise of employment.
- It is the policy of National Optronics Incorporated to provide and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination based on race, color, sex, religion, national origin, age or disability.
- I understand that National Optronics Incorporated is an "at will" employer. If I am hired, I understand that I am an employee at will and that the Company and I are each free to terminate my employment at any time for any reason, with or without notice or cause. I further understand that no representative of the employer, other than the President has the authority to alter this relationship except in an express writing signed by the authorized officer.
- I understand and agree that National Optronics Incorporated may contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I release National Optronics Incorporated and any prior employer from any liability for such disclosure. I understand that National Optronics Incorporated may investigate my criminal record and my driving record, if driving is required of the position for which I am applying.
- I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed or an offer of employment is made, and any such information is later found to be false in any respect, I may not be hired or may be terminated from employment.
- I understand that if I do not complete this application in its entirety, my application will not be considered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PERSONAL**

The best time to call you at home, if necessary, is: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ If yes, work telephone number and best time to all: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time

Have you filed an application with National Optronics before?  Yes  No If yes, give date: \_\_\_\_\_

Do you have any relatives employed at National Optronics?  Yes  No  
If yes, give name and relationship: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you learn of the position that you are applying for? \_\_\_\_\_

Are you willing to work overtime, if required?  Yes  No

Are you willing to travel, if the job requires it?  Yes  No

Have you ever been bonded?  Yes  No

If hired, will you be employed by any other business while employed by National Optronics?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you served in the Armed Forces?  Yes  No

If yes, date and type of discharge: \_\_\_\_\_

**EDUCATION**

	HIGH SCHOOL				UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
	1	2	3	4	1	2	3	4	1	2	3	4
School Name and Location												
Years Completed	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities.												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may, if you choose, exclude organizations that indicate race, color, religion, gender, national origin, disability or other protected status.

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

<b>Employer</b>		<b>Address</b>		<b>Telephone Number(S)</b>	
<b>Dates Employed</b>			<b>Hourly Rate/Salary</b>		
<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Job Title</b>	<b>Supervisor</b>		<b>Reason for Leaving</b>		
<b>Work Performed</b>					

<b>Employer</b>		<b>Address</b>		<b>Telephone Number(S)</b>	
<b>Dates Employed</b>			<b>Hourly Rate/Salary</b>		
<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Job Title</b>	<b>Supervisor</b>		<b>Reason for Leaving</b>		
<b>Work Performed</b>					

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<b>Dates Employed</b>			<b>Hourly Rate/Salary</b>		
<b>From</b>	<b>To</b>	<b>Starting</b>	<b>Final</b>		
<b>Job Title</b>	<b>Supervisor</b>		<b>Reason for Leaving</b>		
<b>Work Performed</b>					