



EMPLOYMENT APPLICATION FORM

Name (Last)	(First)	(Middle)
Aliases	Home phone:	Cell/Work phone:
Address	<p>An offer of employment is contingent upon a candidate providing evidence of his/her legal right to work in the United States. <i>(See agreement/signature page for details)</i></p> <p>Are you able to provide the required documents to verify your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

GENERAL EDUCATION

Type (High School, College...)	School Name, City/State	College Major	GPA	Degree Completed

U.S. MILITARY SERVICE HISTORY

Branch of Service	Dates of Service	Rank
List duties and any special training:		

Applicant Last Name: _____

Optomec Inc., is an Equal Opportunity Employer.

EMPLOYMENT INFORMATION

Position applying for: Desired Salary:	Have you ever held a security clearance? Yes _____ No _____ Level: _____ Agency: _____
Identify any special skills you would like us to know about:	Are you seeking: Full time _____ Part time _____ Internship _____

EMPLOYMENT HISTORY (List present employer first; include all employment for the last 5 years)

1	Name of Business	Address	
	Type of Business	Position	Telephone
	Employment dates (Start / End.)	Salary (Voluntary)	Immediate Supervisor
			May we contact ___ Yes ___ No
	Describe responsibilities of your position		Type/Status (i.e. full-time, part-time)
	Reason for Leaving		

2	Name of Business	Address	
	Type of Business	Position	Telephone
	Employment dates (Start / End.)	Salary (Voluntary)	Immediate Supervisor
			May we contact ___ Yes ___ No
	Describe responsibilities of your position		Type/Status (i.e. full-time, part-time)
	Reason for Leaving		

Applicant Last Name: _____

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EMPLOYMENT HISTORY

3	Name of Business	Address		
Type of Business		Position	Telephone	
Employment dates (Start / End.)	Salary (Voluntary)		Immediate Supervisor	
			May we contact ___ Yes ___ No	
Describe responsibilities of your position			Type/Status (i.e. full-time, part-time)	
Reason for Leaving				

REFERENCES

Persons that we may contact to whom you are not related.

Name (First & Last)	Professional or Personal	City, State	Telephone	Email Address

YOUR EMAIL ADDRESS:

Please print LEGIBLY.

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EMPLOYMENT APPLICATION AGREEMENT

If an employment offer is made:

I understand that any falsification or willful omission of fact made in the application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Optomec, Inc. and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information. Optomec, Inc. reserves the right to conduct Internet searches in connection with candidates for employment.

I understand that my employment and compensation would be “at will” in that I could be terminated with or without cause, and with or without notice, at any time, at the option of Optomec, Inc. or myself, except as otherwise provided by law.

This application does not constitute an offer, agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

All specific job requirements are listed in an Optomec job description and will be discussed should you be considered for an interview.

In compliance with Federal law and USCIS regulations, all candidates who are offered employment with Optomec, Inc. will be required to provide proof of identity and eligibility to work in the United States as well as complete an Employment Eligibility Verification document (I-9) within 3 days of hire. Optomec, Inc. contracts with E-Verify to authenticate eligibility.

I also understand that if I am hired, I will be required to sign authorization forms to proceed with a background investigation and a motor vehicle record review. An employment offer is contingent upon the satisfactory return of all relevant information.

I represent and warrant that I have read and fully understand the foregoing and seek employment with Optomec under these conditions.

Applicant’s Printed Name

Applicant’s Signature

Date

Applicant Last Name: _____