OCUGLASS

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status. Auxiliary aids and services are available upon request.

PLEASE PRINT

Position(s) applied for	or:		Date of Application:				
How did you learn about OcuGlass? (Circle One)							
Advertisement	Friend	Walk-In	Michigan Talent Bank				
Recruiting Firm	Current Em If so, v		Other:				
Last Name First Name				Middle Name			
Address			City	State		Zip	
Home Phone:	me Phone: Cell Phone:			Other Phone:			
Are you available to	work (circle all th	nat apply):					
Regular Full-Time Regular Part-Time Temporary Hours							
What hours are you	available to work	?					
If you are under 18	years of age, car	ı you provide requ	ire proof of your eligibility to work?	Yes	No	N/A	
Have you ever submitted an application with OcuGlass before?					No		
If yes, please give date:							
Are you currently employed?					No		
May we contact your present employer for references?					No	N/A	
Are you legally qualified to work in the United States? (Proof of citizenship or immigration status will be required upon employment)					No		
On what date would you be available to start work?							

Employment Experience

Start with your present or most recent position.



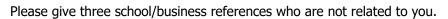
<u> </u>		
Employer	Dates Employed	Work Performed
	From To	
Address		
	Page Pay	
	Base Pay Start Final	
Phone	Start Final	Job Title
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Reason for Leaving		Supervisor
j		
Employer	Dates Employed	Work Performed
	From To	
Address		
	Base Pay	
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Phone		Job Title
Reason for Loaving		Cunonicor
Reason for Leaving		Supervisor
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Employer	Dates Employed	Work Performed
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Address	10	
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Phone		Job Title
Reason for Leaving	<u> </u>	Supervisor
Employer	Dates Employed	Work Performed
Employer	Dates Employed From To	work Performed
Address	110111 10	
, .au. 655		
	Base Pay	
	Start Final	
Phone		Job Title
Reason for Leaving		Supervisor

Special Skills and Qualifications



Summarize special job-related skill and qualifications acquired from employment, school, or other experience.						
summanze special job-rela	eu skiii ahu quaiincau	ons acquired from	employment, school	, or other experient	e.	
Have you eve had any job-related training in the United States military? Yes No						
f yes, please give dates:						
re you able to perform the	e essential requiremen		Yes	No		
no, are there reasonable	accomodations that ca	an be made to allo	w you to perform the	e essential functions	s of the job?	
tate any additional inform	ation you feel may be	helpful to us in co	nsidering your applic	ation.		
					I	
Education	Elementary School	High School	Technical School	College	Other	
School Name/Location						
ears completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4	
Diploma/Degree		Yes No	Yes No	Yes No	Yes No	
Najor Course(s) of Study						
lajor course(s) or stacy						
iummarize special skills an	d training not listed at	oove:				
escribe honors received:						
List professional, trade, business, school or community activities held. You may exclude memberships that reveal sex, race, religion, national origin, age, or disability or other protected status:						

References





Name				
Company				
Title				
Address				
Phone				
Name				
Company				
Title				
Address				
Phone				
Name				
Company				
Title				
Address				
Phone				
I certify that the answers given herein are true and comp authorize investigation of all statements contained in this necessary in arriving at an employment decision.				
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.				
Signature of Applicant	Date			