

PFG PRECISION OPTICS, INC.

We are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

EMPLOYMENT APPLICATION

POSITION(S) APPLIED FOR		APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE ZIP
TELEPHONE ()	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NO. (IF APPLICABLE)*
DATE AVAILABLE FOR WORK	EMPLOYMENT TYPE <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Co-op	

Were you previously employed by this organization? Yes, Date(s) _____ Department/Position _____ No

List any relatives or friends working for this organization:

NAME	RELATIONSHIP
_____	_____
_____	_____

WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES _____ per _____	REASON FOR LEAVING
FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES _____ per _____	REASON FOR LEAVING
FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES _____ per _____	REASON FOR LEAVING
FROM (MO./YR.)	TO (MO./YR.)	COMPANY NAME AND ADDRESS	TELEPHONE ()
LAST POSITION HELD		DESCRIBE YOUR WORK	
SUPERVISOR'S NAME			
SUPERVISOR'S TITLE		LAST WAGES _____ per _____	REASON FOR LEAVING

May we contact the above employers? Yes No If "No", indicate which one(s) you do not wish us to contact.

Have you served an apprenticeship? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes where?	TYPE OF TRADE	DATES
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* Applicable only if position for which you have applied may require driving a motor vehicle.

**SPECIAL SKILLS AND QUALIFICATIONS - MECHANICAL AND/OR TECHNICAL EXPERIENCE AND ABILITIES
RELEVANT TO THE POSITION FOR WHICH YOU HAVE APPLIED**

EDUCATION

SCHOOL	LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	
HIGH SCHOOL					
COLLEGE				MAJOR	DEGREE
OTHER					

REFERENCES

NAME AND ADDRESS	RELATIONSHIP	TELEPHONE	YEARS KNOWN

MISCELLANEOUS INFORMATION

Have you been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? (A conviction record will not necessarily be a bar to employment.) Yes No

If "Yes" please explain and describe in full detail: _____

Can you verify your legal rights to work in the U.S. by providing a birth certificate, proof of U.S. Citizenship, or by some other means? Yes No
 If you are under 18, are you able to furnish a work permit? Yes No

APPLICANT'S CERTIFICATION — Please read carefully before signing.

I certify that the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that, if I become employed, a misrepresentation or omission of fact in this application may result in my discharge from employment.

I authorize the Company, as part of its evaluation of my suitability for employment, to contact all school officials, references, and my previous supervisors to secure information concerning my skills, character and ability.

I further acknowledge and agree that no manager or representative of the Company has any authority to enter into any employment agreement. I understand and agree that, if I am employed, I will be an **at-will** employee and the Company may terminate my employment at any time and for any or no reason without prior notice.



NOTICE TO APPLICANTS
 Screening tests for illegal drug use may be required before hiring and during your employment at PFG Optics.

APPLICANT'S SIGNATURE _____	DATE _____
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DO NOT WRITE BELOW - FOR COMPANY USE ONLY

INTERVIEW <input type="checkbox"/> NO <input type="checkbox"/> YES DATE _____ TIME _____	Acceptable for Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewed By _____	DEPT. _____ CLOCK NO. _____
	OCCUPATION _____ RATE _____