



OTICS USA, Inc. is a smoke free and drug free workplace.
Screening tests for drug use may be required and during your employment time.

Employment Application

Please print in ink and fill out completely.

Applicant's Name (Last)		First	Middle Name	Maiden Name
Mailing Address (Number)		Street/PO Box/Apt Number		Cellular Telephone Number ()
City		State	Zip Code	Home Telephone Number ()
Position(s) Applying for: 1. _____ 2. _____				Email Address:
Have you been employed at OTICS previously?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates employed:
Have you previously applied with OTICS before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date applied:
Have you previously been interviewed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date interviewed:
EDUCATION & TRAINING				
Name and Location of last High School Attended		Graduated HS? <input type="checkbox"/> Yes <input type="checkbox"/> No		GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and Location of College or University		Major	Minor	Type of Degree
Other Schools or Training (Trade, Vocational, Armed Forces, or Business) Give names and location of each school subjects studied, certificates, and any other pertinent data.				
Special Qualifications and Skills (licenses, skills with machines, computer skills, honors, awards and fellowships).				
OTHER INFORMATION				
Check what type of Employment you will accept:				
<input type="checkbox"/> Any		<input type="checkbox"/> 1 st shift		<input type="checkbox"/> 3 rd shift
<input type="checkbox"/> Overtime				
If job requires, do you have a valid driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's License Number _____		Type _____	State Issued _____	

EMPLOYMENT HISTORY – Begin with your most recent job.

Name of Employer _____		Name of Supervisor _____	
Job Title _____	Dates Worked From _____ To _____	Pay \$ _____ Per _____	
Address: _____		City _____	State _____ Zip Code _____
Telephone Number () _____		Reason for Leaving: _____	

Duties Performed:

Name of Employer _____		Name of Supervisor _____	
Job Title _____	Dates Worked From _____ To _____	Pay \$ _____ Per _____	
Address: _____		City _____	State _____ Zip Code _____
Telephone Number () _____		Reason for Leaving: _____	

Duties Performed:

Name of Employer _____		Name of Supervisor _____	
Job Title _____	Dates Worked From _____ To _____	Pay \$ _____ Per _____	
Address: _____		City _____	State _____ Zip Code _____
Telephone Number () _____		Reason for Leaving: _____	

Duties Performed:

PERSONAL REFERENCES: List the names of three references, no relatives, the employer may contact.

1) Name _____	Telephone # () _____	Occupation _____
2) Name _____	Telephone # () _____	Occupation _____
3) Name _____	Telephone # () _____	Occupation _____

Are you eligible to work in the United States? _____ Have you ever pleaded guilty or no contest to or been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates/Details: _____ _____ Answering “yes” to the question above will not necessarily disqualify you for employment.	<p align="center">Certification</p> I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I authorize, without reservation, the employer to contact and obtain information from all references and to otherwise verify accuracy of all information provided by me in this application, resume or job interview. Signature _____ Date _____
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