

APPLICATION FOR EMPLOYMENT

CSC GROUP – AN EQUAL OPPORTUNITY EMPLOYER



Leader in Optics

180 Westgate Drive • Watsonville, CA 95076
Phone: 1-800-288-2721 • Fax: 1-831-763-6938

PERSONAL INFORMATION (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
PHONE#	BUSINESS PHONE#	EMAIL (OPTIONAL)	
ARE YOU 18 YEARS OR OLDER? (If under 18 hire, is subject to verification that you are of legal minimum age) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMERGENCY CONTACT NAME			PHONE

DESIRED EMPLOYMENT

POSITION APPLYING FOR:		
ARE YOU APPLYING TO WORK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY, e.g. SUMMER, HOLIDAY WORK		
WHAT DAYS/HOURS ARE YOU AVAILABLE FOR WORK?		
IF APPLYING FOR TEMPORARY WORK, DURING WHAT PERIOD OF TIME WILL YOU BE AVAILABLE? FROM: _____ TO: _____		
ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	WOULD YOU BE WILLING TO WORK OVERTIME, IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE YOU CAN START:
SALARY DESIRED:	ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

SCHOOL	NAME AND ADDRESS	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HEALTH CARE TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO	

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR WORK AT CSC GROUP?
IF YES, PLEASE EXPLAIN: _____ YES NO

ARE YOU LICENSED/CERTIFIED FOR THE JOB APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF LICENSE/CERTIFICATION	LICENSE/CERTIFICATION NUMBER
HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE STATE REASON(S), DATE OF REVOCATION AND DATE OF REINSTATEMENT:	

PERSONAL INFORMATION

HAVE YOU EVER APPLIED TO OR WORKED FOR CSC GROUP BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____
WHY ARE YOU APPLYING FOR WORK AT CSC GROUP? _____ _____
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR CSC GROUP? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE THE NAME(S) AND RELATIONSHIP: NAME _____ RELATIONSHIP _____ NAME _____ RELATIONSHIP _____
IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED: _____ (NOTE: We comply with the ADA and consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY/SERIOUS MISDIMEANOR)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Excluding marijuana-related offenses that are more than two years old.) IF YES, STATE THE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED, AND DISPOSITION OF THE CASE: _____ _____ (NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

MILITARY SERVICE

HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, DESCRIBE: _____
BRANCH SERVED: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORP. <input type="checkbox"/> COAST GUARD <input type="checkbox"/> RESERVES
DATES OF SERVICE START: / / END: / / RANK: _____
ADDITIONAL NOTES: _____

REFERENCES (LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST 3 YEARS.)

FIRST NAME	LAST NAME	OCCUPATION	PHONE#
		RELATIONSHIP	EMAIL
ADDRESS		CITY/STATE/ZIP	NO. OF YEARS KNOWN
FIRST NAME	LAST NAME	OCCUPATION	PHONE#
		RELATIONSHIP	EMAIL
ADDRESS		CITY/STATE/ZIP	NO. OF YEARS KNOWN
FIRST NAME	LAST NAME	OCCUPATION	PHONE#
		RELATIONSHIP	EMAIL
ADDRESS		CITY/STATE/ZIP	NO. OF YEARS KNOWN

EMPLOYMENT HISTORY (LIST ALL PRESENT/PAST EMPLOYMENT STARTING WITH THE MOST RECENT (UP TO 5 YEARS). ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.)

NAME OF EMPLOYER		TYPE OF BUSINESS	
SUPERVISOR'S NAME		PHONE #	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIPCODE
YOUR POSITION/DUTIES:		WEEKLY PAY: START _____ END _____	
REASON FOR LEAVING		DATES EMPLOYED START _____ END _____	
NAME OF EMPLOYER		TYPE OF BUSINESS	
SUPERVISOR'S NAME		PHONE #	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIPCODE
YOUR POSITION/DUTIES:		WEEKLY PAY: START _____ END _____	
REASON FOR LEAVING		DATES EMPLOYED START _____ END _____	
NAME OF EMPLOYER		TYPE OF BUSINESS	
SUPERVISOR'S NAME		PHONE #	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIPCODE
YOUR POSITION/DUTIES:		WEEKLY PAY: START _____ END _____	
REASON FOR LEAVING		DATES EMPLOYED START _____ END _____	
NAME OF EMPLOYER		TYPE OF BUSINESS	
SUPERVISOR'S NAME		PHONE #	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIPCODE
YOUR POSITION/DUTIES:		WEEKLY PAY: START _____ END _____	
REASON FOR LEAVING		DATES EMPLOYED START _____ END _____	
NAME OF EMPLOYER		TYPE OF BUSINESS	
SUPERVISOR'S NAME		PHONE #	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIPCODE
YOUR POSITION/DUTIES:		WEEKLY PAY: START _____ END _____	
REASON FOR LEAVING		DATES EMPLOYED START _____ END _____	

APPLICATION FOR EMPLOYMENT

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize **CSC GROUP** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

DATE

APPLICANT'S SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	EMPLOYMENT MANAGER	DATE
APPROVED 3	EMPLOYMENT MANAGER	DATE

INTERVIEWER:
The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW.