

Scan-Optics, LLC

169 Progress Drive
Manchester, CT 06042-2242

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP.

PERSONAL DATA

Date _____

Name _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (Zip Code)

Home Phone No. _____ Are you 18 yrs. old or older? Yes No

REFERRAL Advertisement _____ (Newspaper's Name)

SOURCE: Employee Referral _____ (Employee's Name)

Walk-in _____

Other _____

EMPLOYMENT DESIRED Full-Time Part-Time Summer 1st Shift
 2nd Shift 3rd Shift (Check all that apply)

Position _____ Salary or Rate Expected _____ Date Available _____

EDUCATION

School	Name & Address of School	Course of Study	Years Completed (Circle One)	Diploma or Degree Rec'd
High School			1 2 3 4	
Trade School			1 2 3 4	
College/ University			1 2 3 4	
Graduate / Professional			1 2 3 4	

Describe any specialized training, apprenticeship, skills, extra-curricular activities:

MILITARY SERVICE

Branch of Service _____ Dates of Service From: _____ To: _____

Rank at Discharge _____

Primary Duties _____

or Special Duties _____

Scan-Optics, LLC

Application for Employment

EMPLOYMENT RECORD

Please complete in detail, starting with most recent position

Employer: _____ Address: _____ Position: _____ Supervisor: _____ Reason for leaving: _____	Dates Employed From: _____ To: _____ Rate/Salary Starting \$ _____ Final \$ _____	Major Duties:
Employer: _____ Address: _____ Position: _____ Supervisor: _____ Reason for leaving: _____	Dates Employed From: _____ To: _____ Rate/Salary Starting \$ _____ Final \$ _____	Major Duties:
Employer: _____ Address: _____ Position: _____ Supervisor: _____ Reason for leaving: _____	Dates Employed From: _____ To: _____ Rate/Salary Starting \$ _____ Final \$ _____	Major Duties:

May we contact the employers listed above? _____ If not, please explain: _____

REFERENCES (Professional or School References)

Name and Occupation	Address	Telephone

ADDITIONAL INFORMATION

Use this space to describe special skills, qualifications or for any additional information you feel may be helpful to use in considering your application: _____

PLEASE READ AND SIGN BELOW

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision in the events of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I certify that the information contained in this application is correct to the best of my knowledge. In consideration of my employment, I agree to conform to the rules and regulations of Scan-Optics, LLC and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of Scan-Optics, LLC, other than the president of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date

Signature

REV. 001

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