

APPLICATION FOR EMPLOYMENT



TITLE OF POSITION

INSTRUCTIONS:

1. Please type or print legibly.
2. All areas must be completed for consideration.
3. Return completed application to PixelOptics, Inc.
5241 Valleypark Drive
Roanoke, Virginia 24019 or email to: Humanresources@pixeloptics.com
NO PHONE CALLS PLEASE

Employees of PixelOptics, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status gender or age.

Applicant Personal Data

Name of applicant (last, first, middle)							
Mailing address (number and street)							
City		County		State		Zip Code	
Date of Birth (MMDDYY)				Highest Education Level:			
Eligible to work in US <input type="checkbox"/> Yes <input type="checkbox"/> No		Area code and telephone: ()		Additional Telephone: ()			
Referral Information: How did you find out about this employment opportunity with PixelOptics? Please check the appropriate box.				<input type="checkbox"/> Internet		<input type="checkbox"/> Newspaper	
				<input type="checkbox"/> TV		<input type="checkbox"/> Radio	
				<input type="checkbox"/> Other _____ (Please Explain)			
Mark type(s) of employment acceptable to you: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary							

Education

List below all high schools and post high schools attended. A copy of applicable transcripts may be required at the time of the interview.

Name/Location of School	From (Mo/Yr)	To (Mo/Yr)	Fields of Study	Number of Semester Hours Completed	Number of Quarter Hours Completed	Diploma (GED) or type of Degree

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned

Criminal Record

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Professional Certification

Are you currently certified, registered, or licenses in any profession in Virginia? (if yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying) <input type="checkbox"/> Yes <input type="checkbox"/> No	License or Registration Number	Date of issue (MM/YY)	Expiration Date

Work Experience

1. List below, beginning with your most recent position, all of your work experience, including military service (specify highest rank held) and all volunteer activities. Attach additional sheets of paper if necessary.
2. If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.
3. Experience that cannot be confirmed is not acceptable.
4. Please **do not** submit a resume for this portion of the application.

Title of present or previous job:	From (MM/YY)	To (MM/YY)	Approximate number of hours worked per week:
Name of Employer / Organization and address (number, street, city, state, zip code)			Telephone number (area code)
Name of Supervisor / Title:			Number and job types of the employees you supervised (if any).
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:			Final Salary: \$ Per
Title of present or previous job:	From (MM/YY)	To (MM/YY)	Approximate number of hours worked per week:
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Name of Supervisor / Title:			Number and job types of the employees you supervised (if any).
Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized.			
Reason for Leaving:			Final Salary: \$ Per
Have you ever been discharged by any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

References (Please do not list relatives as references)

Name of Reference:	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
Name of Reference:	Area Code and telephone number ()
Address (number and street, city, state, zip code)	
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Address (number and street, city, state, zip code)	
Name of Reference:	Area Code and telephone number ()
Address (number and street, city, state, zip code)	

Military Status

<input type="checkbox"/> Active	Branch	
<input type="checkbox"/> Discharged	Rank	
<input type="checkbox"/> Reserve	Entry Date	Exit Date

Certificate of Applicant and Authorization of Reference and / or Employment Verification

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position at PixelOptics, Inc. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with PixelOptics, Inc.

Signature of Applicant	Date Signed
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