



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employment Application

**The information requested in this employment application is confidential and will be used by Marcolin U.S.A. Eyewear Corp for employment purposes only.**

***Equal Opportunity Employer***

Marcolin U.S.A. Eyewear Corp is an equal opportunity employer and does not discriminate against any person(s) on the basis of race, color, sex, religion, age, national origin, veteran status, marital status, sexual orientation, gender identity, citizenship, genetic information, disability or any other status protected under local, state or federal laws, in employment or in application of policies and programs.

Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

***Authorization to work in the United States***

If hired, you will be required to present documents confirming your identity and authorization to work in the United States.

***Authorization and Agreement***

In order to complete this Employment Application, you must read and sign the "Applicant's Authorization and Agreement" section located on the last page of this application.

We are committed to a standard of excellence regarding customer quality and satisfaction. That standard requires some of our employees to work additional hours during peak periods and/or on a regular basis. Candidates for employment should directly inquire about the nature of the schedule and any additional hours required for the position for which they are being considered.

**Personal Information**

Full Name \_\_\_\_\_

Other Names Used \_\_\_\_\_  
*(For background checking purposes)*

Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ email \_\_\_\_\_

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_ Wage Desired \_\_\_\_\_

Are you 18 years of age or over?  Yes  No

Are you able to provide verification of your lawful eligibility to work in the United States?  Yes  No  
*Marcolin USA is required by federal law to verify your eligibility to work on the first day of employment.*

Are you able to perform the essential duties of the job, with or without accommodation?  Yes  No

Do you have a valid driver's license?  Yes  No

Have you been convicted of a moving violation in the last 3 years?  Yes  No

If yes, please explain all violations: \_\_\_\_\_

**The information below must be completed *fully* even if accompanied by a resume.**

**List your last four employers, most recent first (covering up to your last 10 years of employment).**

I have applied for an employment opportunity with Marcolin USA Eyewear Corp. and hereby authorize them to verify information pertaining to my previous employment and job performance/qualifications. I hereby release you and your company for any and all liability that may potentially result from the release of such information regarding my previous employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. Company Name	_____	Telephone	_____
Address	_____		
Job Title	_____		
Starting Salary	_____	Ending Salary	_____
Duties	_____		
Dates Employed	Start: _____	End:	_____
Reason for Leaving	_____		
Manager Name	_____	Title	_____
		Telephone	_____
<b>MAY WE CONTACT FOR REFERENCE?</b>			
	<b>Yes</b>	<b>No</b>	<b>Later</b>

2. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Dates Employed Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Manager Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**MAY WE CONTACT FOR REFERENCE?      Yes      No**

3. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Dates Employed Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Manager Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**MAY WE CONTACT FOR REFERENCE?      Yes      No**

4. Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
 Duties \_\_\_\_\_  
 Dates Employed Start: \_\_\_\_\_ End: \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Manager Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

**MAY WE CONTACT FOR REFERENCE?      Yes      No**

**Have you ever been discharged or asked to resign from any position?**       Yes  No  
*If yes, please explain:*

\_\_\_\_\_

**Have you ever applied or interviewed here before?**       Yes  No      If yes, when? \_\_\_\_\_

**Have you ever worked here before?**       Yes  No      If yes, when? \_\_\_\_\_

**Is anyone related to you working at Marcolin U.S.A.?**       Yes  No

*If yes, please provide name and relationship to you:* \_\_\_\_\_

**How did you learn of this opening?** *(Please indicate the name of the employee if referred by Marcolin employee)*

Use this space for any additional, job-related information necessary to describe your qualifications:

**Additional Business References (Do Not List Personal References)**

Name of Reference	Title	Telephone No.	Business Relationship to you

*To complete this employment application, please read and sign the statement below*

**APPLICANT'S AUTHORIZATION AND AGREEMENT**

I certify that the facts contained in this application (and accompanying resume, if any) are true, accurate, and complete. I understand that any false statement, omission, or misrepresentation on this application, my resume, or any other materials, during any interview will result in refusal to hire, or dismissal if I have been employed, regardless of when discovered by MARCOLIN U.S.A. (the "Company").

I understand that any employment may be conditioned on a background check and that the Company may, at its discretion, procure and have prepared an investigative consumer report, in accordance with applicable law. I understand that upon written request within a reasonable period of time, I can obtain from the Company written disclosure of the nature and scope of any such report if requested. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers, references, and other individuals or organizations listed to disclose information regarding my former employment, education, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers, references and any other individuals or organizations listed above (as well as those provided verbally or in other documents submitted to the Company) from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at-will" and without fixed term, and may be terminated at any time, with or without cause, and without prior notice, at the option of either the Company or myself.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all of the Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_