

Date: _____

Application for Employment

We appreciate your interest in JML Optical Industries, LLC. JML offers equal opportunities to all persons without regard to race, color religion, age, sex, disability, national origin, ancestry, citizenship, military or veteran status, marital status, sexual orientation, domestic violence victim status, predisposing genetic characteristics or genetic information, or any other status protected by law. Applicants who require reasonable accommodation during the application process may contact Human Resources.

Personal Information

 Name: _____ Telephone: _____
 First *M.I.* *Last*

 Present Address: _____
 Street *City* *State* *Zip*

E-mail address: _____

- If under 18 years of age, do you have a work permit? Yes No
- Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? (you will be required to furnish proof of lawful work status if you are extended a job offer) Yes No

Employment Desired

Position(s) applied for: _____ Date you can start: _____

 Have you ever worked for this company before? Yes No

When: _____ Supervisor: _____

Reason for leaving: _____

 Are you willing to work the following (Yes or No)?:
 2nd or 3rd shifts Overtime Weekends

Education

Highest Grade Completed:

| | | | | | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <u>Grade School</u> | | | | | | | | <u>High School</u> | | | | <u>College</u> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of last school attended: _____ Degree Obtained: _____

License, Vocational or Trade Training: _____ or License and License #: _____

Professional References

Please give the names of three persons not related to you, whom you have known professionally at least three years.

| Name | Address | Telephone | Years Known |
|---------|---------|-----------|-------------|
| • _____ | _____ | _____ | _____ |
| • _____ | _____ | _____ | _____ |
| • _____ | _____ | _____ | _____ |

Employment History

List all your work experience (starting with your most recent employer). Please account for all periods of unemployment in this section. You may attach additional sheets of paper.

| Dates Employed: | Employer Information: | |
|-----------------|-----------------------|-------------------|
| From: | To: | Name of Employer: |
| | | Address: |
| Salary | | |
| Start: | Job Title: | |
| Finish: | Name of Supervisor: | |

Briefly describe your job duties and work experience:

Reason for Leaving:

| Dates Employed: | Employer Information: | |
|-----------------|-----------------------|-------------------|
| From: | To: | Name of Employer: |
| | | Address: |
| Salary | | |
| Start: | Job Title: | |
| Finish: | Name of Supervisor: | |

Briefly describe your job duties and work experience:

Reason for Leaving:

| Dates Employed: | Employer Information: | |
|-----------------|-----------------------|-------------------|
| From: | To: | Name of Employer: |
| | | Address: |
| Salary | | |
| Start: | Job Title: | |
| Finish: | Name of Supervisor: | |

Briefly describe your job duties and work experience:

Reason for Leaving:

May we contact your present employer at this time? Yes No

Applicant's Statement

I understand that if I am hired, my employment may be terminated with or without cause or notice, at any time, at either my option or that of the Company. I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing and that any such agreement must be in writing signed by the Company President. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of this application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that the discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.



Date: _____ Applicant's Signature: _____

APPLICANT INVITATION TO SELF-IDENTIFY

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Thank you for considering JML Optical in your job search. JML Optical is an Equal Opportunity Employer committed to the policies and principles of Non-Discrimination and Affirmative Action. This employer is a government contractor subject to Executive Order 11246, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Section 503 of the Rehabilitation Act. In order to evaluate and improve our recruiting processes and to respond to federal recordkeeping and reporting requirements, we invite you to complete this brief form. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment.

RACE/ETHNIC GROUPS: Are you Hispanic or Latino? Yes No

If you answered "No" to the question "Are you Hispanic or Latino?" please check the applicable race box (check one):

- White (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races – All persons who identify with more than one of the above five races. (Not Hispanic or Latino)

SEX:
 Male Female

VETERAN STATUS:

Classifications of *protected veteran* are defined as follows:

- A "**disabled veteran**" is either a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.
- A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "**armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

- I identify as one or more of the classifications of *protected veteran* listed above.
- I am **not** a *protected veteran*.

APPENDIX: CAMPAIGNS AND EXPEDITIONS THAT QUALIFY FOR VETERANS PREFERENCE

| Armed Forces Expeditionary Medal: | | |
|---|--------------|------------|
| Campaign/Expedition | Start | End |
| Afghanistan (Operation Enduring Freedom) | 09/11/0 | present |
| Afghanistan (Operation Iraqi Freedom) | 03/19/0 | present |
| Berlin | 08/14/6 | 06/01/6 |
| Bosnia (Operation Joint Endeavor) | 11/20/9 | 12/20/9 |
| Bosnia (Operation Joint Guard) | 12/20/9 | 06/20/9 |
| Bosnia (Operation Joint Forge) | 06/21/9 | present |
| Cambodia | 03/29/7 | 08/15/7 |
| Cambodia Evacuation (Operation Eagle Pull) | 04/11/7 | 04/13/7 |
| Congo | 07/14/6 | 09/01/6 |
| Congo | 11/23/6 | 11/27/6 |
| Cuba | 10/24/6 | 06/01/6 |
| Dominican Republic | 04/28/6 | 09/21/6 |
| El Salvador | 01/01/8 | 02/01/9 |
| Global War on Terrorism | 09/11/0 | present |
| Grenada (Operation Urgent Fury) | 10/23/8 | 11/21/8 |
| Haiti (Operation Uphold Democracy) | 09/16/9 | 03/31/9 |
| Iraq (Operation Northern Watch) | 01/01/9 | present |
| Iraq (Operation Desert Spring) | 12/31/9 | 12/31/0 |
| Iraq (Operation Enduring Freedom) | 09/11/0 | present |
| Iraq (Operation Iraqi Freedom) | 03/19/0 | present |
| Korea | 10/01/6 | 06/30/7 |
| Kosovo | 03/24/9 | present |
| Laos | 04/19/6 | 10/07/6 |
| Lebanon | 07/01/5 | 11/01/5 |
| Lebanon | 06/01/8 | 12/01/8 |
| Mavaguez Operation | 05/15/7 | 05/15/7 |
| Operations in the Libyan Area (Operation) | 04/12/8 | 04/17/8 |
| Panama (Operation Just Cause) | 12/20/8 | 01/31/9 |
| Persian Gulf Operation (Operation Earnest) | 07/24/8 | 08/01/9 |
| Persian Gulf Operation (Operation Southern) | 12/01/9 | present |
| Persian Gulf Operation (Operation Vigilant) | 12/01/9 | 02/01/9 |
| Persian Gulf Operation (Operation Desert) | 11/11/9 | 12/22/9 |
| Persian Gulf Operation (Operation Desert Fox) | 12/16/9 | 12/22/9 |
| Persian Gulf Intercent Operation | 12/01/9 | present |
| Quemoy and Matsu Islands | 08/23/5 | 06/01/6 |
| Somalia (Operations Restore Hope and United) | 12/05/9 | 03/31/9 |
| Taiwan Straits | 08/23/5 | 01/01/5 |
| Thailand | 05/16/6 | 08/10/6 |
| Vietnam Evacuation (Operation Frequent) | 04/29/7 | 04/30/7 |
| Vietnam (including Thailand) | 07/01/5 | 07/03/6 |

| Navv Expeditionary Medal and Marine Corps Medal for These Operations: | | |
|--|--------------|------------|
| Campaign/Expedition | Start | End |
| Cuba | 01/03/6 | 10/23/6 |
| Indian Ocean/Iran | 11/21/7 | 10/20/8 |
| Iranian/Yemen/Indian Ocean | 12/08/7 | 06/06/7 |
| Lebanon | 08/20/8 | 05/31/8 |
| Liberia (Operation Sharp Edge) | 08/05/9 | 02/21/9 |
| Libyan Area | 01/20/8 | 06/27/8 |
| Panama | 04/01/8 | 12/19/8 |
| Panama | 02/01/9 | 06/13/9 |
| Persian Gulf | 02/01/8 | 07/23/8 |
| Rwanda (Operation Distant Runner) | 04/07/9 | 04/18/9 |
| Thailand | 05/16/6 | 08/10/6 |

| Other Campaign and Service Medals Qualifying for Preference: | | |
|---|--------------|------------|
| Campaign/Expedition | Start | End |
| Army Occupation of Austria | 05/09/4 | 07/27/5 |
| Army Occupation of Berlin | 05/09/4 | 10/02/9 |
| Army Occupation of Germany (exclusive of Berlin) | 05/09/4 | 05/05/5 |
| Army Occupation of Japan | 09/03/4 | 04/27/5 |
| Chinese Service Medal (Extended) | 09/02/4 | 04/01/5 |
| Korea Defense Service Medal | 07/28/5 | TBD |
| Korean Service | 06/27/5 | 07/27/5 |
| Kosovo Campaign Medal (KCM) Operation Allied Force | 03/24/9 | 06/10/9 |
| Kosovo Campaign Medal (KCM) Operation Joint Guardian | 06/11/9 | TBD |
| Kosovo Campaign Medal (KCM) Operation Allied Harbor | 04/04/9 | 09/01/9 |
| Kosovo Campaign Medal (KCM) Operation Sustain | 04/04/9 | 07/10/9 |
| Kosovo Campaign Medal (KCM) Operation Noble Anvil | 03/24/9 | 07/20/9 |
| Kosovo Campaign Medal (KCM) Task Force Hawk | 04/05/9 | 06/24/9 |
| Kosovo Campaign Medal (KCM) Task Force Saber | 03/31/9 | 07/08/9 |
| Kosovo Campaign Medal (KCM) Task Force Falcon | 06/11/9 | TBD |
| Kosovo Campaign Medal (KCM) Task Force Hunter | 04/01/9 | 11/01/9 |
| Navv Occupation of Austria | 05/08/4 | 10/25/5 |
| Navv Occupation of Trieste | 05/08/4 | 10/25/5 |
| Southwest Asia Service Medal (Operations Desert Shield) | 08/02/9 | 11/30/9 |
| Units of the Sixth Fleet (Navv) | 05/09/4 | 10/25/5 |
| Vietnam Service Medal (VSM) | 07/04/6 | 03/28/7 |
| Rwanda (Operation Distant Runner) | 04/07/9 | 04/18/9 |
| Thailand | 05/16/6 | 08/10/6 |

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Page 5 of 6

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305

OMB Control Number 1250-0005

Expires 1/31/2020

Page 2 of 6

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp. PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.