

Employment Application

(PLEASE PRINT)			(PLEASE PRINT)			(PLEASE PRINT)		
NAME: Last First Initial						TODAY'S DATE:		
ADDRESS:						HOME PHONE:		
CITY			STATE		ZIP	CELL PHONE:		
JOB APPLIED FOR:				DESIRED SALARY:		DATE AVAILABLE:		
Are you currently on "lay-off" status and subject to recall? Yes ____ No ____ From what company?								
Have you ever worked at Visa Lighting or Oldenburg Group Incorporated, either directly or through an employment agency? Yes ____ No ____					Do you have any relatives working at Visa Lighting or Oldenburg Group Incorporated? Yes ____ No ____ If so, who?			
If yes, which employment agency? _____								
Circle the days you are available to work.			Circle shift(s) you are available to work.			Are you at least 18 years old?		
Mon	Tue	Wed	Thu	Fri	Sat	Sun	1 st shift	2 nd Shift
Are you legally employable within the United States at this time? Yes ____ No ____ (proof of citizenship or immigration status will be required upon employment)						How were you referred to Visa Lighting?		
Have you ever been convicted of a felony other than minor traffic violations? Yes ____ No ____ (conviction will not necessarily disqualify an applicant from employment). If yes, please explain nature of crime, date and state of conviction:								
EDUCATION:								
Circle the highest grade of school completed:					School attended for highest grade completed and major concentration:			
High School	College	GED/HSED						
9	10	11	12	1	2	3	4	YES / NO
Describe specialized training, apprenticeships, skills or activities that make you better qualified for the job applied for.								
Describe any job-related training received in the United States military, if applicable.								
ADDITIONAL INFORMATION								
Summarize special job-related skills and qualifications acquired from employment or other experience. State any other additional information you feel may be helpful to us in considering your application.								
REFERENCES								
Please provide the name, company, and phone number of 3 professional references (Previous Supervisor, Manager or Coworker).								
Name:			Company:			Phone:		
Name:			Company:			Phone:		
Name:			Company:			Phone:		

Employment Application

WORK EXPERIENCE: Account for all employment since high school or the last ten years, whichever is less, with most recent experience first.			
Employer:	Phone:	From:	To:
Address:		City, State, Zip:	
Duties:		Position:	
		Supervisor Name:	
		Starting Wage:	
Reason for leaving:	May we contact this employer? Yes ___ No ___	Final Wage:	
Employer:	Phone:	From:	To:
Address:		City, State, Zip:	
Duties:		Position:	
		Supervisor Name:	
		Starting Wage:	
Reason for leaving:	May we contact this employer? Yes ___ No ___	Final Wage:	
Employer:	Phone:	From:	To:
Address:		City, State, Zip:	
Duties:		Position:	
		Supervisor Name:	
		Starting Wage:	
Reason for leaving:	May we contact this employer? Yes ___ No ___	Final Wage:	
Employer:	Phone:	From:	To:
Address:		City, State, Zip:	
Duties:		Position:	
		Supervisor Name:	
		Starting Wage:	
Reason for leaving:	May we contact this employer? Yes ___ No ___	Final Wage:	
<p>"I hereby certify that the answers given by me to the above questions and statements are true, correct, and complete and I hereby authorize you to contact references, past or present employers, educators, and any other sources of information which may be relevant to my application for employment. I hereby release them and their organizations, and hold them harmless, from all liability for any damage whatsoever for issuing same. It is understood and agreed that any misrepresentations or omissions by me in this Application will be sufficient reason for dismissal at any time during my employment, without liability to this Company. I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time, that this Company is not guaranteeing employment for anyone and that if hired, my employment may be terminated at any time without prior notice or cause. No employment contract is created by virtue of your being hired by this Company."</p>			
SIGNATURE _____			DATE: _____

Employment Application

Post-Offer Drug Testing Policy

Visa Lighting has a vital interest in maintaining safe, healthful, and productive working conditions for its employees. An employee under the influence of a drug or alcohol on the job can be a serious safety risk to himself/herself, to other employees, and, in some instances, to the general public. The possession, use, or distribution of alcohol or drugs while at work, or on Company property, or on Company business is strictly prohibited. On or off duty use of illegal drugs for any Visa Lighting employee, for any reason, is explicitly prohibited by this policy. We therefore require that all offers of employment with Visa Lighting are conditional upon the successful passing of a drug screen. This drug screen will be performed at the Company's expense.

Possession, use, distribution, or being under the influence of alcohol by an employee while at work, or on Company property, or being under the influence of alcohol when on Company business, is prohibited. Possession and use while at Company sponsored events is permitted if supplied as part of the event. Being under the influence and over the legal limit (.02) concentration is not permitted at such events. Possession, use, distribution, or being under the influence of an illegal drug by an employee at any time is prohibited. An employee's use of legal drugs may pose a significant risk to the safety of the employee or others. If the use of, or being under the influence of, any legally obtained drug while at work, or on Company property, or on Company business, may affect the safety of the employee, his or her co-workers, or members of the public, that information should be immediately shared with the Company's Medical Review Officer (MRO).

The Company reserves the right to verify that applicants who are taking prescription medications can safely perform the job duties to which they will be assigned. Therefore, the MRO will report any prescription medications being used by an applicant which may create a safety or security risk. To the extent use of a prescription medication would pose a direct threat (i.e. high probability of substantial harm) to the safety of the applicant or other employees which cannot be reduced to an acceptable level through some reasonable accommodation, as determined by the treating doctor, MRO and Company, the job offer will be withdrawn.

Drug and Alcohol Testing

All applicants will be advised prior to the test that it is required and that a positive result will disqualify them from consideration of employment for a period of twelve (12) months. The Company will conduct, through the auspices of a qualified testing provider (i.e. hospital or contracted service), drug and alcohol testing for applicants. Specimens will be sealed in the presence of the applicant and handled using a "chain of custody" procedure and form.

The alcohol and drug testing may take the form of a blood test, breathalyzer test, urinalysis, or other devised procedure developed by a qualified testing provider.

Testing Results

If any pre-employment test results show the use of alcohol or illegal drugs, the tested individual will be disqualified from employment at Visa Lighting or its subsidiaries or divisions for a period of 12 months.

Applicants who refuse to sign the consent form, refuse to take the test, refuse or fail to cooperate in the administration of the test, or who attempt to alter, conceal or compromise test results will not be given further consideration for employment. Results of all drug tests will be treated as confidential information and access to such results shall be limited.

Disciplinary Action

An employee who refused to consent to a drug/alcohol test or search, under the provisions of this policy, will be subject to disciplinary action up to and including termination of employment.

PLEASE TURN OVER AND SIGN THE REVERSE

Employment Application

APPLICANT CONSENT FOR DRUG TESTING

I, _____, hereby acknowledge that I have received, read, and understand, the Visa Lighting Post-Offer Drug Testing Policy in its entirety. If I have any questions, or have not understood any part, I have asked for and received explanations which are satisfactory. I agree to fully comply with and participate in the program as set forth herein. I will, if offered employment, voluntarily provide a urine specimen which will be analyzed by a NIDA certified lab at Visa Lighting's expense and under their protocol. I understand that any offer of employment is contingent upon the findings of that urinalysis.

I understand that the results of this test will be communicated to appropriate management personnel at Visa Lighting. I understand that if the results are positive the job offer is void and I may re-apply for employment in six (6) months if I wish to do so. I also understand that if I refuse to take the test, refuse or fail to cooperate in the administration of the test, or attempt to alter, conceal, or compromise test results, I will not be given further consideration for employment.

I further understand that the specifics as to regulatory requirements, drugs to be screened for and general procedures are subject to change without notice in order to maintain compliance with all government, company and industry standards.

Signature

Date

APPLICANT REFUSAL OF DRUG TESTING

I, _____, hereby acknowledge that I have received, read and understand the Visa Lighting's Post-Offer Drug Testing Policy in its entirety. If I have any questions, or have not understood any part, I have asked for and received explanations which are satisfactory. I understand that by failing to comply with this policy I will not be given further consideration for employment with Visa Lighting. I choose not to comply.

Signature

Date