



# NEW VISION INDUSTRIES, INC.

## Pre-Employment Application

*An Equal Opportunity Employer*

APPLICANT INFORMATION												
Last Name			First Name			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone				Cell Phone								
E-mail Address												
Date Available						Desired Salary						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Are you at least 18 years of age?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If under 18, please state your age:					
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Do you have reliable transportation to work?			YES <input type="checkbox"/>		NO <input type="checkbox"/>							
In case of an emergency, contact								Phone				
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
MILITARY SERVICE												
Branch						From		To				
Rank at Discharge						Type of Discharge						
If other than honorable, explain												
PROFESSIONAL LICENSES, CERTIFICATES, SPECIAL SKILLS												
List professional licenses, certificates, or special job-related skills and qualifications from employment or other experience that you hold.												

**PREVIOUS EMPLOYMENT**

Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I authorize New Vision Industries to investigate all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employer from any liability on account of furnishing such information to New Vision Industries, Inc.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize New Vision Industries, Inc. to investigate my employment history, including the contacting of the employers on the previous page.

Signature				Date	
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