



Employment Application

Nora Lighting Inc. is an Equal Opportunity Employer

Date: _____

Position Applied For: _____

Applicant's Personal Information

Full Name (First, Middle, Last): _____

Current Address: _____

Phone Number: _____ E-mail Address: _____

Have you ever applied to or worked for this company before? Yes, when: _____ No

Do you have any friends or relatives working for this company? Yes No

If yes, state name(s) and relationship: Name: _____ Relationship: _____

Name: _____ Relationship: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old?
(If under 18, hire is subject to verification that you are of minimum legal age) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential function of the job for which you are applying, either with our without reasonable accommodation? Yes No

If no, describe the function that cannot be performed:

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.



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Applicant's Employee History

List below all present and past employment starting with your most recent employer (last five years is sufficient) Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

| | | | | | | | | | | | | | | | | | |
|-------------------------|--|--|--|-----------------------|--|--|--|-------------------|--|--|--|---|--|-----|--|----|--|
| Name of Employer | | | | Type of Business | | | | Supervisor's Name | | | | Telephone Number | | | | | |
| Address | | | | City | | | | State | | | | Zip Code | | | | | |
| Your Position & Duties | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | May we contact this employer for a reference? | | Yes | | No | |
| Date Employment Started | | | | Date Employment Ended | | | | | | | | | | | | | |
| Name of Employer | | | | Type of Business | | | | Supervisor's Name | | | | Telephone Number | | | | | |
| Address | | | | City | | | | State | | | | Zip Code | | | | | |
| Your Position & Duties | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | May we contact this employer for a reference? | | Yes | | No | |
| Date Employment Started | | | | Date Employment Ended | | | | | | | | | | | | | |
| Name of Employer | | | | Type of Business | | | | Supervisor's Name | | | | Telephone Number | | | | | |
| Address | | | | City | | | | State | | | | Zip Code | | | | | |
| Your Position & Duties | | | | | | | | | | | | | | | | | |
| Reason for Leaving | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | May we contact this employer for a reference? | | Yes | | No | |
| Date Employment Started | | | | Date Employment Ended | | | | | | | | | | | | | |



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Applicant's Education, Training and Experience

| <u>School</u> | <u>Name and Address</u> | <u>No. of Years Completed</u> | <u>Did you Graduate?</u> | <u>Degree or Diploma?</u> |
|-----------------------|---------------------------------|---------------------------------------|--------------------------|---------------------------|
| High School | _____ | _____ | _____ | _____ |
| College / University | _____ | _____ | _____ | _____ |
| Vocational / Business | _____ | _____ | _____ | _____ |
| <u>Languages</u> | <u>Read, Write and/or Speak</u> | <u>Beginner, Intermediate, Fluent</u> | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |
| _____ | _____ | _____ | | |

Applicant's References

List below three persons **not** related to you who have knowledge of your work performance within the last three years.

| | | | |
|---------|------------------|------------|-----------------------|
| _____ | _____ | _____ | _____ |
| Name | Telephone Number | Occupation | # of Years Acquainted |
| _____ | _____ | _____ | _____ |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Name | Telephone Number | Occupation | # of Years Acquainted |
| _____ | _____ | _____ | _____ |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Name | Telephone Number | Occupation | # of Years Acquainted |
| _____ | _____ | _____ | _____ |
| Address | City | State | Zip Code |



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Please read carefully, initial each paragraph and sign below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Nora Lighting, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, Corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials

Should a search for public records (including records documenting an arrest, indictment, convictions, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company. I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Printed Name

Applicant's Signature

Date