



**Application for Employment
An Equal Opportunity Employer**

FirstSight Vision Services, Inc. (FSVS) is an equal opportunity employer. In all of our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, handicap or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds.

Please answer all questions. Incomplete applications may not be considered.

Date: _____

Name: _____ **Social Security #:** _____
 (Last) (First) (Middle)

Address: _____
 (Number) (Street) (City) (State) (Zip)

Telephone (include area code) Home: _____ Work: _____
 Best time to reach you: _____

Would you be known to any employer, school or reference under any other name? If so, indicate what name(s): _____

Are you at least 18 years of age? Yes _____ No _____ If not, how old are you? _____

Specify position(s) desired (an "any" response is unacceptable): _____

Referral Sources: _____ Advertisement: Where? _____ Friend _____ Co-Worker _____
 _____ Relative _____ Recruiter _____ Other _____

Have you ever filed an application or been employed by FSVS or its affiliates before? Yes _____ No _____
 If yes, please indicate where: Wal*Mart ___ SAM's Club ___ Frame-n-Lens ___ Vista Optical ___ Fred Meyer ___

If yes, when? _____

List any friends or relatives working for FSVS. (List name/relationship): _____

Have you ever been convicted of a crime (including any guilty or nolo contendere plea) and/or received any type of sentence, including but not limited to probation? (Exclude any minor traffic violations.) Yes _____ No _____

A "yes" answer is not an automatic bar to employment; all circumstances will be considered. If yes, please give all details: _____

Have you ever been excluded from participation in any Medicare or Medicaid program? Yes _____ No _____

Can you perform the essential functions of the job, with or without reasonable accommodation as defined by the Americans with Disabilities Act (ADA)? Yes _____ No _____

FSVS's policy is to not hire persons who use illegal drugs. Do you use illegal drugs? Yes _____ No _____

Are you currently on layoff status and subject to recall with another employer? Yes _____ No _____

If yes, give all details: _____

| EDUCATION: | NAME AND ADDRESS OF SCHOOL | GRADUATED | | COURSE OR MAJOR |
|------------------|----------------------------|-----------|----|-----------------|
| | | YES | NO | |
| HIGH SCHOOL: | | | | |
| COLLEGE: | | | | |
| GRADUATE SCHOOL: | | | | |
| OTHER: | | | | |

PLEASE INDICATE HOURS AVAILABLE TO WORK

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

PROFESSIONAL OPTICAL LICENSES

| TYPE OF LICENSE | STATE LICENSED | LICENSE NUMBER | EXPIRATION DATE | EVER SUSPENDED OR REVOKED | CURRENT STATUS |
|-----------------|----------------|----------------|-----------------|---------------------------|----------------|
| | | | | | |
| | | | | | |

EMPLOYMENT RECORD: List each job starting with your present or last job. Include military service.

| | | | |
|-----------------------|--------|-------|-----------------|
| EMPLOYER: | Dates | | Work Performed: |
| | From | To | |
| PHONE # & ADDRESS: | | | |
| JOB TITLE: | Salary | | |
| | Start | Final | |
| SUPERVISOR: | | | |

Reason for leaving: _____

| | | | |
|-----------------------|--------|-------|-----------------|
| EMPLOYER: | Dates | | Work Performed: |
| | From | To | |
| PHONE # & ADDRESS: | | | |
| JOB TITLE: | Salary | | |
| | Start | Final | |
| SUPERVISOR: | | | |

Reason for leaving: _____

| | | | |
|-----------------------|--------|-------|-----------------|
| EMPLOYER: | Dates | | Work Performed: |
| | From | To | |
| PHONE # & ADDRESS: | | | |
| JOB TITLE: | Salary | | |
| | Start | Final | |
| SUPERVISOR: | | | |

Reason for leaving: _____

| | | | |
|-----------------------|--------|-------|-----------------|
| EMPLOYER: | Dates | | Work Performed: |
| | From | To | |
| PHONE # & ADDRESS: | | | |
| JOB TITLE: | Salary | | |
| | Start | Final | |
| SUPERVISOR: | | | |

Reason for leaving: _____

Is there any reason you are not able to perform all duties of the job(s) for which you have applied? Yes _____ No _____

If yes, give all details: _____

List any special skills, licenses, certifications, or training which would be beneficial to the job(s) for which you are applying:

Explain any gaps in employment: _____

State any additional information you feel may be helpful to us in considering your application:

PROFESSIONAL REFERENCES (please do not include your personal friends, religious affiliates, or relatives)

| NAME | ADDRESS | TELEPHONE | OCCUPATION |
|------|---------|-----------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN & RETURN APPLICATION

APPLICANT'S DRUG TESTING CONSENT FORM

I have read the enclosed FirstSight Vision Services, Inc.'s Drug Testing Policy & Procedure and I understand that FSVS requires drug testing as part of its selection and hiring process. I also understand that such drug testing will consist of taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. **I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration.** I hereby give my consent to NVAL Visioncare Systems of California, Inc. to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with this Company. **I understand that this is not a contract for employment and that, even if employed, I will remain terminable-at-will and free to resign at any time I wish.**

If you have read and understand the statement above, please initial here: _____.

STATEMENT & AUTHORITY TO RELEASE INFORMATION

The Company, in considering my application for employment and at any time during my employment, may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply any information concerning my background. I hereby release them and the company from all liability for any damage whatsoever of issuing same.

If you have read and understand the above statement, please initial here: _____.

CONDITIONS OF EMPLOYMENT

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time the company discovers the omission or falsification. I agree to conform to the rules and regulations of the company, and understand that if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company other than the President of FirstSight Vision Services has any authority to enter into any agreement for employment for any specific period of time.

I understand that this application is good only for six (6) months from today's date. If I still desire a position with the company after this application expires, it will be my duty to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests and polygraph examinations, where and whenever legal, if requested of me at any time prior to or during employment.

_____ Date of Application

_____ Signature as shown on Social Security Card

DRUG TESTING POLICY AND PROCEDURE

POLICY OVERVIEW

FirstSight Vision Services, Inc. has a vital interest in maintaining safe, healthful, and efficient working conditions for its associates. An associate under the influence of a drug or alcohol on the job may pose serious safety and health risks, not only to the user but to all those who work with or otherwise come into contact with the user. The possession, use, or sale of an illegal drug or alcohol on the job or on Company premises may also pose unacceptable risks for safe, healthful, and efficient operations.

FirstSight Vision Services, Inc. recognizes that its own health and future are dependent upon the health of its associates. Accordingly, it is the right, obligation, and intent of the Company to maintain a safe, healthful, and efficient working environment for all of its associates and to protect Company property, equipment, and operations.

Our stance against alcohol and drug use in the workplace is not a “moral” issue; rather, it is an issue that affects our health, our safety, and our pocketbooks. Studies show that drug and alcohol use in the workplace may be the single greatest factor responsible for industrial accidents and injuries, declining productivity, employee theft, and low employee morale.

With these basic objectives in mind, the Company has established the following policy with regard to the use, possession, sale, or distribution of drugs.

PRE-EMPLOYMENT SCREENING

FirstSight Vision Services, Inc. will maintain pre-employment screening practices designed to prevent hiring individuals who use illegal drugs* or individuals whose use of legal drugs** indicates a potential for impaired or unsafe job performance.

*Illegal drugs means any drug:

- a. which is not legally obtainable; or
- b. which is legally obtainable but has not been legally obtained.

The term includes prescription drugs not being used for prescribed purposes. It also includes marijuana.

**Legal drugs include prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured, and in such doses as prescribed and/or suggested by the manufacturer.

POLICY STATEMENT FOR APPLICANTS

In the interest of safety, the protection of our associates, our equipment, our customers, and the general public, FirstSight Vision Services, Inc. will require, as one of the steps in the hiring process, that all otherwise qualified applicants for employment with this Company consent and submit to testing for illegal or incapacitating drug use.

PROCEDURE

- All otherwise qualified applicants for employment will be tested for drug use prior to hiring by the FirstSight Vision Services, Inc.. This screening must be done within 24 hours of the time you are instructed to submit a specimen. Such testing will include the analysis of urine, or any other medically accepted testing procedure.
- The employment application will also serve as your consent form and must be signed prior to the time of any such drug testing, authorizing the FirstSight Vision Services, Inc. to conduct such testing and to rely upon the results, along with the other pre-employment tools, in extending or denying employment.
- Refusal to consent to and participate in such drug testing will automatically disqualify the applicant from further hiring considerations.
- Applicants testing positive for the presence of drugs in their bodies will automatically be disqualified from further hiring consideration after confirmatory testing.
- FirstSight Vision Services, Inc. will conduct confirmatory testing of initial positive testing results.
- Unless required by law, FirstSight Vision Services, Inc. will not disclose individual drug testing results to anyone other than the applicant without a written release from the applicant requesting disclosure to certain designated parties.