Application for Professional Employment

Lightwaves 2020, Inc.
1323 Great Mall Drive
Milpitas, CA 95035
Tel: 408-503-8888 Fax: 408-503-3333
HR@lightwaves2020.com

Lightwaves2020, Inc.

Personnel Use Only

Hired By	Job Title		
Department No. and Supervisor	Reporting Date	Rate	Employee No.

Personal Please make all your answers complete and accurate. All information will be kept confidential. Date _____

Name Last _____ First _____ ___ Middle _____	Social Security Number
Present Address: Street No. _____ City _____ State _____ Zip _____	Phone No.
Permanent Address: (If different from the present address) Street No. _____ City _____ State _____ Zip _____	Phone No.

(1) Have you ever applied for employment with Lightwaves 2020, Inc. before? ☐ Yes ☐ No
If Yes, when? _____
(2) Are you under 18? ☐ Yes ☐ No If Yes, can you furnish a work permit? ☐ Yes ☐ No
(3) Do you have any physical condition or handicap, which may limit your ability to perform the job applied for? ☐ Yes ☐ No

If yes, what can be done to accommodate your limitation? _____
_____

Type of Work Desired _____ Present Salary _____ Expected Salary _____

Education (List below all schools attended, including Business, Vocational, Night, Military, College, etc. Attach transcripts of academic records if readily available).

Type of School	Name and Location of School	Major Course of Study	Degree/Diploma Received
High School			
College			
Graduate			
Other			

☐ Undergraduate: Grade Pt. Aver. _____ Where Max. is: _____ Ranked _____ Of _____ In Class

☐ Graduate: Grade Pt. Aver. _____ Where Max. is: _____ Ranked _____ Of _____ In Class

Thesis Title-Graduate:

Special Study or Research:

Honors, Honorary Societies and Scholarships:

Membership in Professional or Civic Organizations:

EQUAL OPPORTUNITY EMPLOYER

Lightwaves2020, Inc.

Employment Data

List your most recent employer first. (Attach additional sheet if more space is required.)

Name of Present or Last Employer	Job Title and Actual Duties
Address	
Phone ( ) -	
Name and Title of Immediate Supervisor	
Date Employed From 19 to 19	
Starting Salary Last Salary	Reason for Leaving
Name of Employer	Job Title and Actual Duties
Address	
Phone ( ) -	
Name and Title of Immediate Supervisor	
Date Employed From 19 to 19	
Starting Salary Last Salary	Reason for Leaving
Name of Employer	Job Title and Actual Duties
Address	
Phone ( ) -	
Name and Title of Immediate Supervisor	
Date Employed From 19 to 19	
Starting Salary Last Salary	Reason for Leaving
Name of Employer	Job Title and Actual Duties
Address	
Phone ( ) -	
Name and Title of Immediate Supervisor	
Date Employed From 19 to 19	
Starting Salary Last Salary	Reason for Leaving
Name of Employer	Job Title and Actual Duties
Address	
Phone ( ) -	
Name and Title of Immediate Supervisor	
Date Employed From 19 to 19	
Starting Salary Last Salary	Reason for Leaving

Lightwaves2020, Inc.

Military Service in the Armed Forces of the U.S.

Branch of Service _____ Highest Rank or Rating _____ Serial Number _____	
Date of Service (Month/Year) From _____ To _____	Type of Discharge _____ Present Military Status _____

Professional References (At least 3 references in professional/technical category. Do not list relatives or friends.)

Name	Street	City	State	Zip Code	Phone Number	Occupation	Years Known

Note: The persons, schools, current and prior employers, and other entities named in this application are authorized by me to verify the information I have provided, and Lightwaves 2020 is hereby authorized to take reasonable steps to obtain verification of the same.

Security Information

If hired, can you show proof of your legal right to work in the U.S.? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain. A conviction will not necessarily disqualify you from employment.

_____

Conditions of Employment

Please read the following statements carefully as they constitute conditions for employment with Lightwaves 2020:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from Lightwaves 2020 employment.
3. The persons, schools, current and prior employers, and other entities named in this application are authorized by me to verify the information I have provided, and Lightwaves 2020 is hereby authorized to take reasonable steps to obtain verification of the same. I hereby waive and release all persons, schools, current and prior employers, and other entities from any liability arising from the disclosure of any of the above information, or the acquisition, use, publication, or retention of such information within the context of its applicant review procedures.
4. Although Lightwaves 2020 makes reasonable efforts inaccordance with the law to accommodate individual interests and preferences, business needs may make the following conditions necessary: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. In the event that I am employed, I agree to conform to Lightwaves 2020's rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either Lightwaves 2020 or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions on my employment may change, the at-will term on my employment will not change. I understand that no one other than the President of Lightwaves 2020 may enter into any agreement with me contrary to the foregoing and that such contrary agreement must be in writing and signed by the President.

_____ _____

Applicants's Signature Date

This application becomes inactive after 60 days unless renewed in person or in writing.

Lightwaves2020, Inc.