



The Eye Care Group

Excellence and Compassion in Eye Care

EMPLOYMENT APPLICATION

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, age, physical or mental disability, pregnancy, sexual orientation, gender identity, ancestry, veteran status, military service, application for military service, genetic information, or any other status protected by applicable law. The Practice will make reasonable accommodations for qualified individuals with known disabilities, in accordance with applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment.

PERSONAL DATA

Name _____

Present Address _____

Street City State Zip Code

Telephone Numbers: Home _____ Business _____

Previous Address _____

Street City State Zip Code

Position applied for _____

Date available for employment _____ Salary Desired _____

Are you willing to work:

Yes	No	Indicate applicable work skills:			
<input type="checkbox"/>	<input type="checkbox"/>	Typing _____ WPM			
<input type="checkbox"/>	<input type="checkbox"/>	Microsoft Word <input type="checkbox"/>	Excel <input type="checkbox"/>	PowerPoint <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Transcription <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other job related skills _____			
<input type="checkbox"/>	<input type="checkbox"/>	_____			

Are you applying for _____ full time _____ part time _____ temporary

How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No

If yes, Name _____ Relationship _____

Have you ever been employed by this organization? Yes No

If yes, position held _____ Dates Employed: From _____ To _____

Are you legally authorized to work in the United States? _____ Yes _____ No

If yes, will you be able to submit proof of the above? _____ Yes _____ No

Military service? _____ Yes _____ No If yes, From _____ to _____

Branch of service _____ Highest rank obtained _____

In an emergency, notify: Name _____ Relationship _____

Address _____ Telephone No.: _____

EDUCATION

School Name and Address		Course of Study	Circle last year completed				Did you graduate?	Diploma or Degree
High School			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Technical or Business			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

Professional licenses/certifications

Type	State	Expiration Date	Registration Number

PREVIOUS EXPERIENCE

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
Job Title _____				
Employer name, address & telephone _____				
Duties _____				
Reason for leaving _____				
Job Title _____				
Employer name, address & telephone _____				
Reason for leaving _____				

REFERENCES

May we run an employment check from the employers listed above? Yes No

Has notice been given to your present employer? Yes No

Is there any additional information relative to a change in name when checking your work history? Yes No

If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone Number
1.				
2.				
3.				

REMARKS

Make any comments you feel are pertinent to your application: _____

CERTIFICATION

(Please read carefully before signing.)

I certify and affirm that the information provided in connection with the application process, including the information provided on this Application for Employment (“Application”) and any resume submitted, is true, accurate, and complete and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that any omission, misrepresentation, or falsification in connection with this application process may be grounds for denial of employment or, if hired, immediate termination of employment regardless of when or how discovered. I understand that failure to complete this application for employment may result in my disqualification from eligibility for employment.

I hereby authorize the Practice to investigate all information related to my Application in order to determine my qualifications for employment and I understand that such investigations may include contacting any of my former and/or current employers (if applicable) or any person or entity listed on this Application. I hereby authorize all persons and entities having information relevant to my application to provide that information to the Practice upon request. I expressly release and agree to hold harmless the Practice, its employees and agents, and all those providing information to the Practice from any liability arising out of or as a result of the request for, provision of, or use of such information. I understand that any offer of employment may be rescinded or my employment terminated if my references are inadequate or unacceptable to the Practice or if I violate any of the provisions of this Certification.

I understand that completion of this Application does not assure me of a position with the Practice. I also understand that neither this Application nor any other document constitutes a contract of employment for a specific term and that, in the absence of a contract, any employment relationship that may be established will be “at-will.” As such, any employment relationship I may have with the Practice may be terminated at any time with or without notice, for any reason or no reason, by me or the Practice, unless otherwise established by an agreement for employment. I understand that no representative of the Practice, other than a partner of the Practice, has the authority to enter into any agreement for employment with me contrary to the foregoing. I further understand that if I am hired by the Practice, I must abide by all rules and policies of the Practice which, other than the “at-will” employment policy, may be changed without notice at the sole discretion of the Practice.

I also understand that any offer of employment, and continued employment, may be conditioned upon the satisfactory completion of a background check, including an investigative consumer report that may contain information such as education records, references, employment records, public record information, criminal arrest records, court records and driving records.

I understand that information, data, and records provided or disclosed by or on behalf of the Practice or that I otherwise learn in the course of dealing with the Practice shall be deemed confidential and/or proprietary information. I understand that no right or license, either expressed or implied, is granted to use or disseminate any confidential and/or proprietary information.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE CERTIFICATION:

Signature: _____

Date: _____

Print Name