

# APPLICATION FOR EMPLOYMENT

This practice is an Equal Opportunity Employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry, disability, or veteran status.

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

List other name(s) under which you were employed: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No      What language are you fluent in? \_\_\_\_\_

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you taken illegal drugs in the past?  Yes  No

Have you ever worked for Optometric practice before?  Yes  No

If any relatives or friends referred you to this practice, please list below:

Name	Position / Location(s)	Relationship
_____	_____	_____
_____	_____	_____

## EMPLOYMENT INTEREST

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Schedule desired:  Full Time  Part Time

Can you work overtime if required:  Yes  No      Are you available to work on weekends?  Yes  No

## EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	Last Year Completed	Did You Graduate?	Grade Average
High					
Trade/Business					
College					
Other					

Other special training or skills:

**EMPLOYMENT HISTORY (List below last three employers, starting with most recent first.)**

This section must be completed even if you have attached a resume.  
May we contact the employers listed below:     Yes     No  
If no, indicate which: \_\_\_\_\_

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:  Supervisor's Name:		Reason for Leaving:

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:  Supervisor's Name:		Reason for Leaving:

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:  Supervisor's Name:		Reason for Leaving:

Do you have any commitments to any of these employers that would limit your activities with this practice?  
 Yes     No    If yes, please explain:

Explain why you feel you are a good candidate for this position:

I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. Additionally, if employed, any misrepresentation or omission of facts, whenever discovered, is cause for immediate discharge without notice. I grant permission to use any information in this application to verify my statements, and I release all involved parties from any and all liability from the investigation and verification of this information.

Signature \_\_\_\_\_ Date \_\_\_\_\_