



ADVANCED EYECARE
ASSOCIATES

Advanced Eye Care Associates

Employment application

Advanced Eye Care is an Equal Opportunity Employer and does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, genetic information, military status or any other characteristic protected by law.

Personal Information

Full Name: _____ Date: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: () _____ Cell: _____ Phone: _____

Give other name(s) under which you were employed: _____

Are you at least 18 years of age? Yes _____ No _____

Only U.S. citizens and aliens who have a right to work in the U.S. are eligible for employment. If an offer of employment is made, can you provide documentation of your legal right to work and proof of your identity? Yes _____ No _____

Have you ever work for this practice before? Yes _____ No _____

Do you have any relatives employed by this practice? Yes _____ No _____

Employment Interest

Position desired: _____ Salary desired: _____

Date available for employment: _____

Can you work overtime or weekends if require? Yes _____ No _____

Education and Training

School	Name and Location of School	Course of Study	Did You Graduate?	Grade Average
High School				
College				
Other				

Other specialized training or skills: _____

Employment History (Last three employers beginning with the most recent)

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 one(s): _____

Employer Name:	Employed (Month and Year)	
Supervisor Name:	From:	To:
Address:	Telephone No:	Rate of Pay:
Position and Responsibilities:	Reason for Leaving:	
Employer Name:	Employed (Month and Year)	
Supervisor Name:	From:	To:
Address:	Telephone No:	Rate of Pay:
Position and Responsibilities:	Reason for Leaving:	
Employer Name:	Employed (Month and Year)	
Supervisor Name:	From:	To:
Address:	Telephone No:	Rate of Pay:
Position and Responsibilities:	Reason for Leaving:	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Advanced Eye Care and/or it's agents to verify any of this information and to obtain reference information on my work performance. I understand that should an employment offer be extended to me and accepted that I will adhere to the policies, rules, and regulations of employment. I also understand that, if employed, falsified statements of any kind or omissions of facts called for on this application will be considered sufficient basis for termination.</p> <p>Signature:_____ Date:_____</p>		