

Application for Employment

Please complete the application in its entirety, printed in ink or typed.
Incomplete applications will not be considered.



General Information (please print)

Name (first, last, m) _____

Home Phone (____) ____-____ Other Phone (____) ____-____ E-Mail _____

Address _____ City _____ State ____ Zip _____

Position Details

Position applying for or type of employment desired: _____

Will Accept: Part-Time Full-Time Temporary/On-Call

Salary Desired _____ Date Available _____

Education and Training

High School Graduate or General Education (GED) Test Passed Yes No

School, College, or Military Training (most recent first)

Name and Location	Dates Attended	Graduate	Degree & Year	Major or Subject
	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date

Application for Employment

Work Experience (Most Recent First) (Include volunteer experience)

Employer	Office Phone(____) ____ - _____	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Job Duties		
Reason for leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Office Phone(____) ____ - _____	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Job Duties		
Reason for leaving		May we contact this employer? Yes No

Employer	Office Phone(____) ____ - _____	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Job Duties		
Reason for leaving		May we contact this employer? Yes No

Employer	Office Phone(____) ____ - _____	From (Month/Year)
Address		
Job Title	Supervisor	To (Month/Year)
Job Duties		
Reason for leaving		May we contact this employer? Yes No

Application for Employment

- I certify that I can perform the essential functions of the job for which I am applying, with or without reasonable accommodations
- I am a United States Citizen or legally entitled to work in the United
- I consent to meeting all health requirements of working in a medical facility, and that any job offers are contingent upon completion of a TB test.
- I understand that any job offers are contingent upon completion of a satisfactory background check

I certify the information contained in this application is true, correct and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____

Date _____

EEO Statement

Eye Care Specialists is an equal employment opportunity employer and believes that every employee has the right to work in surroundings that are free from all forms of unlawful discrimination. Eye Care Specialists does not discriminate against employees or qualified applicants on the basis of race, color, creed, religion, sex, age, national origin, ancestry, citizenship, sexual orientation (including gender identity), honorably discharged veteran or military status, marital status, the presence of any sensory, mental, or physical disability, use of a trained dog guide or service animal, or any other classification of protected individuals by state, federal, or local laws. This policy applies to applicants, as well as current employees, and further protects in decisions involving evaluations, promotions, disciplinary action, training, compensation, termination, and all other employment-related decisions.