



The Optometry Group PLLC

See What You've Been Missing

Application for Employment

Name _____

Last

First

M.I.

Position Applied For: _____ Date of Birth: ____/____/____

Address: _____

Home Phone:() _____ - _____ Cell Phone:() _____ - _____

Email: _____ Best Way To Contact: _____

SSN: _____ *Optional. May be required on other forms prior employment.

Marital Status: Single Married Divorced Widowed

EDUCATION:

Highest Grade Completed: 9 10 11 12 Year Graduated: _____

If you did not complete high school, do you have a high school equivalency degree? Y N

Years of College Completed: 1 2 3 4 Was a Degree Achieved: Y N

Name of College: _____ Attended From _____ to _____

MISCELLANEOUS:

Do you have reliable transportation? Y N Is winter weather an issue? Y N

Have you ever been convicted of a felony? If Yes, Explain. Y N

Are you legally eligible for employment in the United States? Y N

Expected Hours: _____ Expected Salary: _____

Please give a brief explanation why you are a good candidate for this position and what skills will you bring to this office?

WORK HISTORY: (Starting with Most Recent)

Company Name: _____ Position: _____

Supervisor: _____ From: _____ To: _____

Reason For Leaving: _____

Company Name: _____ Position: _____

Supervisor: _____ From: _____ To: _____

Reason For Leaving: _____

Company Name: _____ Position: _____

Supervisor: _____ From: _____ To: _____

Reason For Leaving: _____

REFERENCES:

1. Name: _____ Relationship: _____

Phone:() _____ - _____ Email: _____

2. Name: _____ Relationship: _____

Phone:() _____ - _____ Email: _____

3. Name: _____ Relationship: _____

Phone:() _____ - _____ Email: _____

May we contact your most recent employer? Y N Please provide contact information, if no, explain:

CERTIFICATION:

I certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of The Optometry Group. I understand that all information on this application is subject to verification and I consent to criminal background checks. I understand that I will be subject to comply with random drug screenings. I also certify that you may contact references, former employers, and educational institutes regarding this application.

Signature of Applicant

Date