

Please Print Out, Fill Out,
and Fax to (256) 435-9485

APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our company. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best suits your qualifications.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. It is our intention to comply with Federal Immigration Laws and to hire only those persons who are authorized to work in the United States.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Phone Number _____
(Number and Street) (City) (State) (ZIP)

Email Address _____ Cell Phone Number _____

Social Security No.: _____ Have you ever been convicted of a felony? Yes No

If yes, explain, conviction does not automatically exclude you from consideration for employment.

If an offer of employment is made, can you submit documentation which will verify that you are a citizen or a national of the United States, an alien lawfully admitted for permanent residence, or an alien authorized to be employed in the United States?

Yes No

Have you been previously employed here? Yes No If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes No If yes, date(s) _____

List any friends or relatives employed by this company (Name-Relationship) _____

How did you hear of our company? Newspaper Internet Friend (state name) _____
Other _____

POSITION INFORMATION

Position(s) applied for _____ Kind of work sought: Full-time Part-time

If part-time, please specify hours and days desired _____

Are you willing to relocate? Yes No

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Salary Desired _____ Date available to start work _____

The Work History below must include all jobs within the past (5) years (Including U.S. Military Service)

PLEASE COMPLETE ALL BLANKS IN THIS SECTION

List Past & Current Employers Starting with Most Recent	Time Employed				Job Title and Duties	
1. Name	From		To		Title:	
Type of Business	Mo.	Yr.	Mo.	Yr.	Duties:	
Street					Reason for leaving:	
City State						
Phone	Starting Salary		Ending Salary			
Name of Direct Supervisor						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>						
2. Name	From		To			Title:
Type of Business	Mo.	Yr.	Mo.	Yr.		Duties:
Street					Reason for leaving:	
City State						
Phone	Starting Salary		Ending Salary			
Name of Direct Supervisor						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. Name	From		To			Title:
Type of Business	Mo.	Yr.	Mo.	Yr.		Duties:
Street					Reason for leaving:	
City State						
Phone	Starting Salary		Ending Salary			
Name of Direct Supervisor						
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>						

List names of educational institutions you attended	Location	# of Years Attended	Major Subject	Grade Average
High School				
College				
College				
Graduate School				
Business School				
Night School				
Other				
Can you provide proof of certifications or diplomas listed above? Circle Yes or No		YES	NO	
Did you complete your high school education (diploma/GED)? Circle Yes or No.		YES	NO	
List Software Used and Familiar with: _____				
Describe any other experience, knowledge, skill, or talent that you feel qualifies you for the position for which you are applying:				

PERSONAL REFERENCES (Do not include relatives or former employers, but use former co-workers if possible)

	Name	Address	Daytime Phone Number	Years Acquainted
1				
2				
3				

State any additional information that you feel may be helpful to us in considering your application.

Write one to two paragraphs describing your present or most recent job and why you are searching for a new position?

Name, address, and phone number of the person to be notified in the event of accident or emergency.

AUTHORIZATION, UNDERSTANDING, AGREEMENT AND CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree to any additional reading, writing, and/or examinations or tests as a part of my application if it is a necessary part of the job description.

I understand that all employees are employees-at-will and that the employment relationship can be terminated at any time, with or without cause, at either the option of the employee or the option of Lifetime Eyehealth. I understand that I may be subject to a medical examination, which can include drug and alcohol screening.

Date: _____ Signature: _____