

Eye Care Center Employment Application

Name _____ Phone # _____ Alternate phone # _____ Date _____

Current Address _____ City _____ Zip code _____ Time at current residence _____

Permanent address _____ City _____ State _____ Zip _____ e-mail _____

Do you have relatives living in this area? If so, relationship: _____

Position sought: _____ Part time / Full time position - Hours/Days Available: _____

Date you can start: _____ Desired starting wage (other than nego): _____

Do you currently wear glasses? _____ contact lenses _____ What kind? _____

Have you ever been terminated? _____ Have you ever had any convictions? misdemeanor _____ felony _____

Office Skills:

Typing WPM: _____ Computer skills: _____

Other business machines/skills: _____

Do you have any physical conditions that may limit your job performance? _____

Are you fluent in a language other than English? If so, what? _____

Activities enjoyed (civic, athletic, etc) _____

Education:

Education Record

	School Name	City	Major/Degree	Dates attended	# of years	Graduation Date
High School						
College/University						
Other Training						

Do you plan to obtain a college diploma? If so, when? _____

Long term career objective: _____

Short term goals for the next two years: _____

Employment:

What are your expectations for this job? _____

What is your reason for applying to this type of business? _____

How did you find out about this job position? _____

Have you ever been convicted of a crime? _____ No _____ Yes If yes, explain number of conviction(s), how recently committed, sentence imposed, and type(s) of rehabilitation _____

Application Employment History: List your current or most recent employment first.

Employer Name: _____ Address _____ City/State/Zip _____
 Supervisor's Name: _____ Phone Number _____ Type of business: _____
 Job title: _____ Dates of employment (M/Yr) _____ to _____ Starting/ending wages _____
 Job duties: _____
 Reason for Leaving: _____

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 Supervisor's Name: _____ Phone Number _____ Type of business: _____
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 Job duties: _____
 Reason for Leaving: _____

May we contact any of the above? _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Please list below comments or concerns you may have concerning employment.

Signature: _____ Date: _____

Print Name _____