

Professionals in Eye Care

356 McWhorter Street, Suite 1 ☎ London, KY 40741 ☎ Phone (606) 877-6585 ☎ Fax (606) 877-9936

APPLICATION FOR EMPLOYMENT

Name: _____
(Last) (First) (M.I.)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ day _____ evening _____ cell

E-Mail (optional) _____

General Information

Position for which you are applying: _____

Desired hourly rate: _____

Date of application: _____ Have you ever applied to us before? _____

What led you to apply for a position with us? _____

Referred by an employee of Professionals in Eye Care: _____

If yes, by whom? _____

Have you previously worked with us? _____ If yes, Date(s): _____

Are you available full time? _____ part time? _____ Days/Hours _____

On what date will you be available for work? _____

List any other experiences, skills, or qualifications that you feel especially match our organizational needs: _____

Criminal Background

▶ Please circle the appropriate response and provide details as requested.

▶ A "yes" answer to one or more questions below does not necessarily eliminate you from employment consideration.

Have you ever been convicted of a crime or misdemeanor? YES NO

Have you ever entered a plea of guilty or no contest to a felony or misdemeanor charge? YES NO

Are there any charges pending against you in any jurisdiction at this time? YES NO

Have you ever forfeited a bail bond posted to guarantee your appearance in court to answer criminal charges? YES NO

If you answered "YES" to any of the questions above, please fully explain the circumstances of all conviction(s)/pending charges, including the specific charge, date, location of the offense and the court, and the disposition of court proceedings (continue on additional paper if needed).

Educational Background

Type of School	Name and Address	Date of Graduation	Course or Major
High School			
College			
Post Graduate			
Business or Trade			
Other			

References

Name and Occupation	Address	Phone #
1.		
2.		
3.		

**Prior Work History
Chronologically Beginning With Last or Present Employer**

Date From To	Name & Address of Employer:	Rate of Pay Start Finish \$ \$ per per	Name & Title of Last Supervisor:
Describe your responsibilities/accomplishments:			
Explain reason for leaving or current job status:			

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Describe your responsibilities/accomplishments:

Explain reason for leaving or current job status:

Date From To	Name & Address of Employer:	Rate of Pay Start Finish \$ \$ per per	Name & Title of Last Supervisor:
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Describe your responsibilities/accomplishments:

Explain reason for leaving or current job status:

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all information given on this Application for Employment and any attached resume/documents is true and complete to the best of my knowledge. I further understand that should I falsify or intentionally omit information it may be grounds for termination should Professionals in Eye Care employ me. This application is neither a contract nor guarantee of employment.

I authorize investigation of all statements contained herein. I also give permission to the references and previous employers listed on the application and any attachments to provide to you any and all information concerning my employment and any other pertinent information they may have. I agree to release all parties from all liability for any damage that may result from furnishing such information to you.

Signature of Applicant

Date