



# EYE SPECIALISTS OF MID-FLORIDA APPLICATION FOR EMPLOYMENT

Eye Specialists of Mid-Florida is an Equal Opportunity Employer. Eye Specialists of Mid-Florida does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, genetic information, military status or any other characteristic protected by law.

## PERSONAL INFORMATION

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

List other name(s) under which you were employed: \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you been convicted of a felony crime in the past 10 years?  Yes  No  
 If yes, please specify what the offense was, where and when it occurred: \_\_\_\_\_

(Criminal convictions are not an absolute bar to employment and will only be considered in relation to job requirements.)

Have you ever worked for this practice before?  Yes  No

If any relatives are employed by this practice, please list below:

Name	Position / Location(s)	Relationship
_____	_____	_____
_____	_____	_____

## EMPLOYMENT INTEREST

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Schedule desired:  Full Time  Part Time

Can you work overtime if required:  Yes  No Can you work weekends if required?  Yes  No

## EDUCATION AND TRAINING

School	Name and Location of School	Course of Study	Last Year Completed	Did You Graduate?	Grade Average
High					
Trade/Business					
College					
Other					

Other special training or skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY (List below last three Employers, starting with the most recent first.).**

This section must be completed even if you have attached a resume.

May we contact the employers listed below:     Yes     No

If no, indicate which: \_\_\_\_\_

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Employer Name:		Employed (state Month and Year): From:                      To:
Address:	Telephone No.	Rate of Pay:
State Job Title and Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Do you have any commitments to any of these employers that would limit your activities with this practice?

Yes     No    If yes, please explain: \_\_\_\_\_

Explain why you feel you are a good candidate for this position: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Eye Specialists of Mid Florida and/or its agents, including consumer reporting bureaus, to verify any of this information and to obtain reference information on my work performance. I hereby release Eye Specialists of Mid Florida from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause. I understand that no representative of Eye Specialists of Mid-Florida has the authority to make any assurance to the contrary. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_