



APPLICATION FOR EMPLOYMENT

The information you provide in this employment application will be used in determining your suitability for the position for which you are applying.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religion, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

| | | | | |
|------------------------------------|-------------------------|---------------|--|----------|
| PLEASE TYPE OR PRINT IN INK | | | TODAY'S DATE: | |
| First Name | MI | Last Name | Last 4 Digits of Social Security Number *** _ ** _ | |
| Current Mailing Address | | | How long at current address? ____ Years and ____ Months | |
| City | | County | State | Zip Code |
| Home Phone # () - | Mobile Phone # () - | Email address | | |

| | | | | |
|--|--|--|--|--|
| Position for which you are applying: | | | Minimum Salary/Wage requirement: \$_____ per _____ | |
| Check the following options you would consider <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | | | Are you able to work (check all that apply): <input type="checkbox"/> Weekdays <input type="checkbox"/> Saturdays <input type="checkbox"/> On-call <input type="checkbox"/> Overtime | |
| Which location(s) are preferred (check all that apply): <input type="checkbox"/> Wheat Ridge (North Office) <input type="checkbox"/> Centennial (South Office) <input type="checkbox"/> Stapleton | | | Can you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Can you perform the essential functions of the job, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you legally eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of identity and eligibility will be required upon employment.) | | | | |
| Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates: From: _____ To: _____ | | | | |
| How did you hear about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Social Media (Facebook/Twitter) <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____ | | | | |
| If referred by a current employee, please provide name: _____ | | | | |
| List any languages that you speak fluently: _____ | | | | |



EDUCATION & TRAINING

| SCHOOL NAME, CITY AND STATE | HIGHEST YEAR COMPLETED | MAJOR COURSE OF STUDY | DEGREE RECEIVED |
|-----------------------------------|---|-----------------------|---|
| HIGH SCHOOL | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| COLLEGE/UNIVERSITY (UNDERGRAD) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| COLLEGE/UNIVERSITY (GRAD) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TRADE/VOCATIONAL SCHOOL | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List academic honors, extracurricular activities, offices held, etc. in high school or college. (Omit any organization which reflects your race, color, religion, age, sex/gender, sexual orientation, marital status or disabilities, or other protected status.)

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? ☐ Yes ☐ No

If yes, please describe:

Do you have any knowledge, skills and abilities relevant to the position for which you are applying (i.e., computer skills or other special training not shown above)? ☐ Yes ☐ No

If yes, please describe:

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? (Omit any organization which reflects your race, color, religion, age, sex/gender, sexual orientation, marital status or disabilities, or other protected status.) ☐ Yes ☐ No

If yes, please list:

PROFESSIONAL LICENSES / CERTIFICATIONS

| Professional License /Certification Type | Professional License/Certification # | Issuing Agency | State Issued | Expiration Date |
|---|--|----------------|-----------------|--------------------|
| | | | | |
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| | | | | |

Please attach an additional page, if necessary.

EMPLOYMENT HISTORY

Please duplicate this page if necessary to account for all work experience (including volunteer) for at least the last seven (7) years. Start with your present or last job. Account for all periods of time, including unemployment. You may exclude organizations which indicate your race, color, religion, age, sex/gender, sexual orientation, marital status or disabilities, or other protected status.

PRESENT OR LAST JOB

2.

3.

| | | | |
|------------------------------|----------------|---|----------------|
| Employer Name: | Dates Employed | | Work Performed |
| | From | To | |
| Address, City, State, Zip: | | | |
| | Rate of Pay | | |
| Telephone Number(s): | Starting | Final | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

| | | | |
|------------------------------|----------------|---|----------------|
| Employer Name: | Dates Employed | | Work Performed |
| | From | To | |
| Address, City, State, Zip: | | | |
| | Rate of Pay | | |
| Telephone Number(s): | Starting | Final | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

| | | | |
|------------------------------|----------------|---|----------------|
| Employer Name: | Dates Employed | | Work Performed |
| | From | To | |
| Address, City, State, Zip: | | | |
| | Rate of Pay | | |
| Telephone Number(s): | Starting | Final | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

4.

| | | | |
|------------------------------|--------------------------------------|---|----------------|
| Employer Name: | Dates Employed From To | | Work Performed |
| Address, City, State Zip: | | | |
| Telephone Number(s): | Rate of Pay Starting Final | | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

5.

| | | | |
|------------------------------|--------------------------------------|---|----------------|
| Employer Name: | Dates Employed From To | | Work Performed |
| Address, City, State, Zip: | | | |
| Telephone Number(s): | Rate of Pay Starting Final | | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

6.

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|------------------------------|--------------------------------------|---|----------------|
| Employer Name: | Dates Employed From To | | Work Performed |
| Address, City, State, Zip: | | | |
| Telephone Number(s): | Rate of Pay Starting Final | | |
| | \$ | \$ | |
| Starting /Present Job Title: | | | |
| Supervisor's Name and Title: | | May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? | |
| Reason for Leaving: | | | |

CRIMINAL RECORD INFORMATION

Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged pardoned, or deferred and withdrawn. Exclude information involving any record of civil or military disobedience unless such matters resulted in a plea of guilty or a conviction by a court of competent jurisdiction.

| | |
|--|--|
| 1. Convictions/Pleas. In the past seven (7) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CRIMINAL RECORDS: If you answered YES to either of the above two (2) questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or arrests will not automatically disqualify an applicant from employment.</i> _____ _____ | |

PROFESSIONAL & PERSONAL REFERENCES:

Do you have any relatives or friends who work for this company? ☐ Yes ☐ No

If yes, please list name(s) and relationship: _____

List three (3) **Professional References** (not related to you) who have knowledge of you and your qualifications:

| NAME & POSITION/TITLE | COMPANY | ADDRESS, CITY, STATE & ZIP | TELEPHONE NUMBER |
|-----------------------|---------|----------------------------|------------------|
| | | | Work: Cell: |
| | | | Work: Cell: |
| | | | Work: Cell: |

List three (3) **Personal References** (not related to you) who have knowledge of you and your qualifications:

| NAME | RELATIONSHIP TO YOU | ADDRESS, CITY, STATE & ZIP | TELEPHONE NUMBER |
|------|---------------------|----------------------------|------------------|
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CONSENT AND RELEASE

Children's Eye Physicians (CEP) is an equal opportunity employer. CEP does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment and pregnancy), sexual orientation, gender, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of the application nor any other part of my consideration for employment establishes any obligation for CEP to hire me. If I am hired, I understand that either CEP or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of CEP has the authority to make any assurance to the contrary.

BACKGROUND INVESTIGATION: New employees are investigated carefully, including national and local criminal background checks. Be sure to list any crimes for which you were found guilty within the last seven (7) years. Include any plea of guilty or nolo contendere. False statements or omissions may result in disqualification or dismissal.

In connection with your application for employment, please be advised that we may conduct a reference check. As an applicant for employment with CEP, you are a consumer with rights under the Fair Credit Reporting Act. For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as CEP. An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act. 6 THACCD 101A (revised 3/10)

AFFIDAVIT, CONSENT AND RELEASE: I attest with my signature below that I have given CEP true and complete information on this application. No requested information has been concealed. I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my immediate dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I agree to execute CEP's Authorization and Agreement of Release and Waiver releasing such parties from any liability in providing such information and opinions.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

Signature of Applicant

Date