



# Application for Employment

## Introductory Information

Name:		Date:	
Address:		City:	State: Zip:
Phone:	Email:	Referred by (Employee name)	

## Applicant Questions

Position for which you are applying:	Desired Pay:	Date Available:	
If hired, can you provide documents required to establish your eligibility to work in the U.S.?		Yes	No
Are you 16 years of age or older?		Yes	No

## Record of Employment: *List positions starting with most recent*

Employer:		Telephone:	
Address:			
Job title:	Supervisor Name:		
Start Date:	Date Left:		
Reason for Leaving:			

Employer:		Telephone:	
Address:			
Job title:	Supervisor Name:		
Start Date:	Date Left:		
Reason for Leaving:			

Employer:		Telephone:	
Address:			
Job title:	Supervisor Name:		
Start Date:	Date Left:		
Reason for Leaving:			

## Education

High School or Last Grade Completed: Name and Address of School:		
Course of Study:	Number of Years Completed:	
College or Technical School:		
Course of Study:	Degree or Diploma:	Number of Years Completed:



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Military Experience			
Branch of Service:	Rank/Type Service:	Job-Related Training/Experience:	
References: <i>List work or professional references only (no friends or family)</i>			
Name	Relationship	Company	Phone

**STATEMENT (Please read this statement carefully before signing this application):**

Children’s Eye Physicians is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability or any other status protected by law or regulation. This Company will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless accommodation would impose undue hardship on the operation of the business.

I understand that employment with the Company is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand this application is only valid for the position applied for, if I wish to be considered for future employment, I must submit a new application.

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: \_\_\_\_\_

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