

Email your resume to eyecareaustinc@gmail.com to be considered.
Thank you for your interest in joining our team!

APPLICATION FOR EMPLOYMENT
EYECARE ASSOCIATES

Eyecare Associates is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin ancestry, sexual orientation, marital status, military status, or the presence of any non-job-related medical condition or handicap. In reading and answering the following questions, please keep in mind that none of the questions are intended to imply any limitations, illegal preferences, or discrimination based upon any non-job-related information.

This application will be given complete consideration, however, its receipt does not imply that the applicant will be employed.

Position applied for: _____

Type of Work desired: _____ Full time _____ Part time

Date available to start work: _____

Personal Data:

Name _____

Social Security # _____

Current Address _____

Street address City State Zip

Permanent address _____

(leave blank if the same as current address)

Daytime phone _____ Cell phone _____

Evening phone at which you can be reached _____

Can you legally work in the United States? _____ Yes _____ No

General Information

Have you ever applied for a job with this company in the past? _____ Yes _____ No

If yes, please give the date of application and the position for which you applied.

State your name at that time, if different from present name.

Have you ever been employed by this company in the past? _____ Yes _____ No

If yes, please give dates of employment, position(s) held and state your name while employed, if different from present name.

If hired will be you able to work during the normal days and hours required for the positions(s) for which you are applying? _____ Yes _____ No

If no, please explain:

Do you have any commitments to another employer that might affect your employment with our company? _____ Yes _____ No If yes, please explain:

If hired, can you furnish proof that you are eligible to work in the United States?
_____ Yes _____ No

Do you have any physical or mental health problems, disabilities, or handicaps that will prevent you from satisfactorily performing the job(s) for which you are applying?
_____ Yes _____ No If yes, please explain:

Have you been convicted of a felon or released from prison in the past 10 years? Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date, and type of job for which you are applying will be considered.
_____ Yes _____ No If yes, please explain:

Are you charged with an unresolved criminal charge (have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, or a dropping of the charge)? Note: a yes answer will not automatically disqualify you from employment.
_____ Yes _____ No If yes, please explain:

Do you have a valid driver's license? _____ Yes _____ No

Are you willing to undergo a physical examination by a physician to prove you are physically able to perform the tasks of the job for which you have applied?
_____ Yes _____ No

Do you know of any reasons that might make it difficult for the company to obtain a surety bond insuring your honesty? _____ Yes _____ No
If yes, please explain:

Experience and Skills:

Please check the appropriate line for office experience in the following:

Data Entry _____ Yes _____ No
Busy phones _____ Yes _____ No
Med terminology _____ Yes _____ No
Contact lenses _____ Yes _____ No
Visual Fields _____ Yes _____ No
Front desk _____ Yes _____ No

Filing _____ Yes _____ No
Scheduling appts _____ Yes _____ No
Acct collections _____ Yes _____ No
Glasses dispensing _____ Yes _____ No
Patient pretest _____ Yes _____ No
Ins processing _____ Yes _____ No

EDUCATION:

| Name of school | Location | Dates Attended | Degree/Certificate | Major |
|----------------|----------|----------------|--------------------|-------|
| | | | | |
| | | | | |
| | | | | |

Post graduate seminars taken in the last 2 years:

Medical certificates or licenses _____

Are all certificates current? Yes _____ No _____

What salary range are you looking for? _____

Previous Employment:

Name of Employer

Your last name while employed

Address

Telephone number

Position

Description of your job

Dates of employment

Length of employment (years/months)

Date hired

Date separated

Salary when hired

Salary at separation

Reason for leaving

Supervisor's Name

Telephone number

Previous Employment:

| | |
|-------------------------|-------------------------------------|
| Name of Employer | Your last name while employed |
| Address | Telephone number |
| Position | |
| Description of your job | |
| Dates of employment | Length of employment (years/months) |
| Date hired | Date separated |
| Salary when hired | Salary at separation |
| Reason for leaving | |
| Supervisor's Name | Telephone number |

Previous Employment:

| | |
|-------------------------|-------------------------------------|
| Name of Employer | Your last name while employed |
| Address | Telephone number |
| Position | |
| Description of your job | |
| Dates of employment | Length of employment (years/months) |
| Date hired | Date separated |
| Salary when hired | Salary at separation |
| Reason for leaving | |

Previous Employment:

| | |
|-------------------------|-------------------------------------|
| Name of Employer | Your last name while employed |
| Address | Telephone number |
| Position | |
| Description of your job | |
| Dates of employment | Length of employment (years/months) |
| Date hired | Date separated |
| Salary when hired | Salary at separation |
| Reason for leaving | |
| Supervisor's Name | Telephone number |

Previous Employment:

| | |
|-------------------------|-------------------------------------|
| Name of Employer | Your last name while employed |
| Address | Telephone number |
| Position | |
| Description of your job | |
| Dates of employment | Length of employment (years/months) |
| Date hired | Date separated |
| Salary when hired | Salary at separation |
| Reason for leaving | |
| Supervisor's Name | Telephone number |

Complete the following information in your own handwriting.

Please state which of your previous position you enjoyed the most and why.

Please state which of your previous positions you enjoyed the least and why.

Briefly describe your short-term (1 year) employment goals.

Briefly describe your long-term (5 year) employment goals.

Why do you want to work for this office?

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office?

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may cause for dismissal if hired.

Signature of applicant

Date