

Please read carefully, write clearly, and answer all questions completely. Only candidates that fully complete all required sections, will be considered for employment. Not all applicants will be interviewed; only those interviewed will receive a response from the Practice.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip*

How long have you lived at this address? (If less than five years, provide your former address for the past five years below) _____	
<i>Address</i>	<i>Date</i>
<i>Address</i>	<i>Date</i>
<i>Address</i>	<i>Date</i>

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No: - - _____ Desired Salary: \$ _____

Position Applied For: _____

Have you ever applied to or worked for the Practice before? If Yes, when? _____	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any friends or relatives working for the Practice? If Yes, state name(s) and relationship: _____	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If the position for which you are applying requires that you drive a vehicle, can you provide proof of your legal right to drive in CA?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If hired, would you have a reliable means of transportation to and from work?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
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
	<input type="checkbox"/>	<input type="checkbox"/>
Would you require any special accommodation to perform the job for which you are applying?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		

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

Please note that background checks are a routine part of the application process. Please verify your willingness to participate in such checks by initialing this in black: _____

Education and Certification

High School: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
College: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
College: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____
Other: _____	Address: _____
From: _____ To: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Full Name: _____	Relationship: _____
Occupation: _____	Phone: () _____
Email Address: _____	Number of years acquainted: _____
Full Name: _____	Relationship: _____
Occupation: _____	Phone: () _____
Email Address: _____	Number of years acquainted: _____
Full Name: _____	Relationship: _____
Occupation: _____	Phone: () _____
Email Address: _____	Number of years acquainted: _____

Employment History

List below all present and past employment, whether paid or unpaid, starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach extra pages if necessary. You must complete this section even if attaching a resume. If currently employed, state why you are seeking other employment under "Reason for Leaving".

Company: _____	Phone: () _____
Address: _____	Supervisor: _____
Email Address: _____	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Job Title: _____	From: _____ To: _____
Responsibilities: _____	
Reason for Leaving: _____	
Company: _____	Phone: () _____
Address: _____	Supervisor: _____
Email Address: _____	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Job Title: _____	From: _____ To: _____
Responsibilities: _____	
Reason for Leaving: _____	
Company: _____	Phone: () _____
Address: _____	Supervisor: _____
Email Address: _____	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Job Title: _____	From: _____ To: _____
Responsibilities: _____	
Reason for Leaving: _____	

Military Service

Branch: _____

From: _____ To: _____

Rank at Discharge: _____

Type of Discharge: _____

Have you obtained any special skills or abilities as the result of military service that may relate to the position for which you are applying?

YES NO

If so, describe: _____

Please read carefully, initial each paragraph and sign below.

I understand that persons employed at Eye Care Institute, a Medical Corporation ("Practice") have access to confidential information regarding various phases of the Practice business. Therefore, the Practice requires new employees, as a condition of employment, to sign a Confidentiality Agreement. _____

I understand that information concerning competitors' operations, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Practice's employees. The Practice will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer. _____

In consideration of my employment, if hired, I agree to conform to the rules and regulations set forth by the Practice in its policies and practices or as directed by management. _____

I understand that each employee of Practice is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Practice has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Practice, signed by the President of the Practice. _____

I understand that if offered employment, I may be required to submit to and pass a medical examination to assess my fitness for duty as a condition of beginning my employment. _____

I understand that if offered employment I may be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination. _____

I understand that if offered employment, I may be required to submit to a background and reference check as a condition of beginning my employment. _____

I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Practice in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application in accordance with the terms of that Agreement. _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview, regardless of when it is discovered, may result in termination of my employment.

Signature:

Date: