



APPLICATION FOR EMPLOYMENT

668 Skyline Drive
Jackson, TN 38301

Prospective employees will receive consideration without discrimination based on race, color, religion, creed, gender, age, national origin, disability, marital or veteran status, or any other condition protected by state or local law.

(PLEASE PRINT)

All sections must be completed to be considered for employment.

Position(s) Applied for:	Date of Application:	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s)	EMAIL ADDRESS	

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of any crimes, excluding any traffic violations?
 Yes No If Yes, describe in full.

Are you available for work: Full Time (Please indicate 1 2 3 shift)
 Part Time (Please indicate Mornings Afternoons Evenings)

Desired salary range: _____

Date available for work: ____/____/____ Do you smoke? Yes No

Education

School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree/Diploma
Grade				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/ Trade/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Military

Have you ever served in the U. S. Armed Forces? Yes No

If Yes, in what Branch? _____

Describe any training received relevant to the position for which you are applying.

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Please attach an additional sheet if needed.

Company Name	Telephone ()
Address	Employed From To
Position	Hourly Rate / Salary Start Last
Supervisor	Reason for Leaving
Primary Responsibilities	

Company Name	Telephone ()
Address	Employed From To
Position	Hourly Rate / Salary Start Last
Supervisor	Reason for Leaving

Primary Responsibilities

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Primary Responsibilities

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Primary Responsibilities

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact: Employer: _____

Reason: _____

Additional Information

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held and awards, accomplishments, etc.

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

This application for employment shall be considered active for a period of time not to exceed 45 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

I authorize The Eye Clinic to contact and obtain information about me from previous employers, educational institutions and "references" I have provided, and any other party necessary to verify the accuracy of information I have disclosed in this application, a related employment resume or a personal interview.

I authorize The Eye Clinic, to perform a background investigation on myself. I have disclosed any criminal convictions or any civil monetary penalties assessed against as previously asked in this application. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I hereby understand and acknowledge that, this application is not an employment agreement, and unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I fully understand and accept all terms and conditions in the above statement.

By checking this box I authorize The Eye Clinic to share this application with other area medical facilities who may be hiring for the position I am applying.

Signature of Applicant

Date

Applicant's Printed Name

Social Security Number