
City of Vision Eye Care, PC Application For Employment

PERSONAL INFORMATION:

DATE _____

NAME _____ SEX _____ Date of birth _____

Present Address _____

Permanent Address _____

Phone number _____ Cell number _____ Email address _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____

Are you employed now? _____ If so may we inquire your present employer? _____

Have you ever applied with us before? _____ If so when? _____

Education	Name and Location	Years attended	Graduated?	Subjects Studied
High School				
College				
Other Schooling				

Additional training or knowledge that will help you in your employment:

What Foreign Languages do you Speak Fluently? _____ Read _____ Write _____

FORMER EMPLOYERS

DATES	EMPLOYER, ADDRESS, PHONE	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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PROFESSIONAL REFERENCES

NAME	ADDRESS & PHONE	RELATIONSHIP	YEARS AQUATINTED

List any physical concerns you might have that would impact your ability to perform your job duties.

Additional Comments: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that I am an "at will" employee and my employment may be terminated at any time without previous notice.

Applicant signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewer comments: