

# Oasis Eyecare EMPLOYMENT APPLICATION

## An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. **PLEASE PRINT**, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_  

Last
First
Initial

PRESENT ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  

No.
Street
City
State
Zip
Cell
Home

Position applied for? \_\_\_\_\_ When are you available for employment? \_\_\_\_\_

Which type of employment are you seeking: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary or Summer \_\_\_\_\_

What are your salary expectations per hour? Starting \_\_\_\_\_ Ending \_\_\_\_\_

### RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address		Telephone	Type of Business
Dates Employed		Reason for Leaving		Supervisor's Name and Title	
From	To				
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

**May we contact your current employer?**      Yes \_\_\_\_\_      No \_\_\_\_\_

2. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Reason for Leaving		Supervisor's Name and Title	
From	To				
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

3. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Reason for Leaving		Supervisor's Name and Title	
From	To				
Mo. Yr.	Mo. Yr.				

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

4. Name of Next Previous Employer		Address		Telephone	Type of Business
Dates Employed		Reason for Leaving		Supervisor's Name and Title	
From	To				
Mo. Yr.	Mo. Yr.				

List the jobs you held, duties performed, skills used or learned, advancements or promotions.

Are you authorized to work in the United States? Yes\_\_\_ No\_\_\_  
 (Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes\_\_\_ No\_\_\_ License Number and State Issued: \_\_\_\_\_

EDUCATION (Circle last year completed)					SCHOOL NAME	MAJOR SUBJECTS
High School	1	2	3	4	_____	_____
College	1	2	3	4	_____	_____
Other job-related education					_____	

If you are an experienced with any business medical records, machines, or equipment, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without any reason, and that this employment application does not constitute an employment contract. I have read and understand the terms.**

\_\_\_\_\_ Date

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