

## Application for Employment

Completion of this application does not guarantee employment with Center Vision Clinic. Center Vision Clinic is an Equal opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.



**Please print clearly**

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Last Name	First Name	Middle Initial	Date of Application
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Address	City	State	Zip	Phone number
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Position(s) applying for: \_\_\_\_\_

How did you learn about us?  Advertisement  Employee  Friend Referred by: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No If so, give the date: \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

Are you related to any current employee of Center Vision Clinic?  Yes  No

If so, to whom? \_\_\_\_\_

Are you currently subject to any type of employment contract or non-compete clause?  Yes  No

Are you legally entitled to work in the United States?  Yes  No

If you are hired, when can you start work? \_\_\_\_\_

Are you available to work:  Full time  Part-time

What is your desired hourly wage? \$ \_\_\_\_\_

Have you been convicted of a felony within the last 7 years?  Yes  No

If so, please explain: \_\_\_\_\_

A felony conviction will not necessarily disqualify an application from employment with Center Vision Clinic

### Education

	Name and City of School	Course of Study	Diploma/Degree
High School			
College			
Graduate/Professional			
Other (Please specify)			

### Employment Experience

Please start with your present or most recent job. Include any job-related Military service assignment and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. Please use the back of the page if necessary.

Employer	Job Title	Work performed
Address	Supervisor	
City, State, Zip	Starting Wage/Salary	
Phone Number	Ending Wage/Salary	
Dates Employed (Start – End)	Reason for Leaving	

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Phone Number	Ending Wage/Salary	
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**Additional Information**

Please list professional, trade, business, or civic activities and offices held

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**Other Qualifications**

Please summarize special job-related qualifications that you feel may be helpful to us in considering your application

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**Professional References**

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Name	Relationship	Phone number (Please indicate if home, work, or cell)
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**Applicant’s Statement**

I certify that all answers given herein are true and complete to the best of my knowledge.

I authorize Center Vision Clinic to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. I further understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, 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. I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized and acknowledged in writing by an authorized executive of Center Vision Clinic.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of Center Vision Clinic.

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**Signature of applicant**

**Date**