

MEDICAL EYE CENTER

At-Will Employment Application



**MEDICAL
EYE
CENTER**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, sexual orientation or any other legally protected status recognized by local, state or federal law.

This application will remain active for 180 days.

| PLEASE PRINT | | | | | |
|--|--|--|--|--------------------------------------|--|
| Position Applied for | | | | Date of Application | |
| How did you learn about us? | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Other _____ | |
| Date Available to work | | | | | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift work <input type="checkbox"/> Temporary |
| Can you travel if a job requires it? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Have you ever filed an application with us before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Have you ever been employed with us before? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |

| APPLICANT INFORMATION | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----|------------------------------|-----------------------------|
| Last Name | | | | First | | | M.I. | |
| Address | | | | | | | | |
| City | | | | State | | ZIP | | |
| Phone | | | | E-mail Address | | | | |
| Can you provide proof of your eligibility to work in the United States? Proof of eligibility to work in the United States will be required upon employment. | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you currently on "layoff" status or subject to recall? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| May we contact your current employer? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |

| EDUCATION | | | | | |
|--------------------|--|--|----------------|--|--|
| High School | | | State | | |
| Course of Study | | | Diploma/Degree | | |
| College | | | State | | |
| Course of Study | | | Diploma/Degree | | |
| Other | | | State | | |
| Course of Study | | | Diploma/Degree | | |

WE ARE AN AT-WILL, DRUG FREE, EQUAL OPPORTUNITY EMPLOYER

INDICATE ANY FOREIGN LANGUAGES YOU SPEAK, READ, AND/OR WRITE

| | Fluent | Good | Fair | Certified Translator |
|-------|--------|------|------|----------------------|
| Speak | | | | |
| Read | | | | |
| Write | | | | |

PROGRAMS AND EQUIPMENT USED

- PC
- Epic Refracting System
- Tono Pen
- Fax Machine
- Optos
- Slit Lamp
- Credit Card Machine
- OCT
- Fundus Photography
- Word
- Phoropter
- Excel
- Other EMR System _____
- Nextech
- Other Scheduling/Practice Management System _____
- Centricity

OTHER JOB RELATED TRAINING, APPRENTICESHIP OR SKILLS ACQUIRED FROM EMPLOYMENT OR OTHER

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude information or organizations that indicate race, color, religion, gender, national origin, age, ancestry, disabilities, sexual orientation or other protected status. If you need additional space, please continue on a separate sheet of paper.

| | | | | | |
|--------------------|--|----|--|--------------------|--|
| Employer | | | | Phone | |
| Street Address | | | | Supervisor | |
| City / State / Zip | | | | Job Title | |
| Duties | | | | | |
| From | | To | | Reason for Leaving | |
| Employer | | | | Phone | |
| Street Address | | | | Supervisor | |
| City / State / Zip | | | | Job Title | |
| Duties | | | | | |
| From | | To | | Reason for Leaving | |
| Employer | | | | Phone | |
| Street Address | | | | Supervisor | |
| City / State / Zip | | | | Job Title | |
| Duties | | | | | |
| From | | To | | Reason for Leaving | |
| Employer | | | | Phone | |
| Street Address | | | | Supervisor | |
| City / State / Zip | | | | Job Title | |
| Duties | | | | | |
| From | | To | | Reason for Leaving | |

ADDITIONAL EXPERIENCE

List professional, trade, business, or civic activities and offices held. You may exclude information or memberships that would reveal gender, race, color, religion, national origin, age, ancestry, disability, sexual orientation or other protected status.
