



# Application for Employment

**PLEASE PRINT**

## PERSONAL

Name: _____		Date: _____	
Address: _____		SS#: _____-_____-_____	
City: _____	State: _____	Zip Code: _____	Number: (____) _____-_____
Position desired? _____		Alternate Number: (____) _____-_____	
How did you hear about us? _____			

Can you perform the essential functions of the position for which you are applying?  
 (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question) YES [ ] NO [ ]

When would you be available to begin work?  
 \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]  
 (Proof of identity and eligibility will be required upon employment)

Have you ever been convicted of a felony or a misdemeanor within the last seven years?  
 YES [ ] NO [ ] If yes, please explain:  
 (A conviction will not necessarily result in the denial of employment)

\_\_\_\_\_

Have you ever worked for this Company before? YES [ ] NO [ ]  
 If yes, where? \_\_\_\_\_  
 When? (Give dates) \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the Company? YES [ ] NO [ ]  
 If yes, who and where do they work? \_\_\_\_\_

	High School	College/University	Graduate/Professional
School Name			
Highest Grade Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Received			
Describe Course of Study			

**EMPLOYMENT EXPERIENCE** (For the last 5 years beginning with your present or last job)

Employer	Telephone with area code	Dates of Employment		Work Performed
		Start	End	
Address		Hourly Rate/Salary		
		Start	End	
Job Title				
Supervisor				
Reason for Leaving				

Employer	Telephone with area code	Dates of Employment		Work Performed
		Start	End	
Address		Hourly Rate/Salary		
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		Start	End	
Job Title				
Supervisor				
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please state why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experience that would be helpful to you in this position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Depending on your position you may be required to travel.

Can you travel if your position requires it? Yes \_\_\_\_ No \_\_\_\_

Do you have a valid AZ driver's license? Yes \_\_\_\_ No \_\_\_\_

Are you available to work: Full-time \_\_\_\_ Part-time \_\_\_\_ Temporary \_\_\_\_

If necessary, will you work overtime? Yes \_\_\_\_ No \_\_\_\_

Are you currently on a lay-off and subject to recall? Yes \_\_\_\_ No \_\_\_\_

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**SOUTHWESTERN EYE CENTER IS AN EQUAL OPPORTUNITY  
EMPLOYER AND AFFORDS EQUAL OPPORTUNITY TO ALL  
APPLICANTS FOR POSITIONS WITHOUT REGARD TO  
RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE,  
DISABILITY, VETERAN STATUS OR ANY OTHER STATUS  
PROTECTED UNDER LOCAL, STATE OR FEDERAL LAWS**

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## **IMPORTANT, PLEASE READ AND SIGN**

**SOUTHWESTERN EYE CENTER IS A “DRUG-FREE WORKPLACE”  
ALL PROSPECTIVE EMPLOYEES ARE REQUIRED TO PASS A DRUG SCREENING  
AND SUBJECT TO RANDOM TESTING ONCE EMPLOYED**

### **APPLICANT STATEMENT**

1. All information given by me in this application is true. False information (misrepresentation or omission of information called for) is a basis for non-hire or dismissal. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.
2. I understand and agree that my employment would not constitute any contractual relationship and is terminable at any time for any reason by myself or Southwestern Eye Center. No supervisor and no policy, practice, or rule can change the non-contractual relationship. Policies, practices, rules, etc., may be changed by Southwestern Eye Center from time to time.

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

\_\_\_\_\_  
Date

**NOTE:** Applications are current for 60 days. If you are still interested in a position after 60 days, a new application must be filed.

**Southwestern Eye Center complies with the Smoke Free Arizona Act. Smoking is prohibited in all non-smoking areas, including enclosed areas and areas within 20 feet of the entrances (except for patios).**