

Application for Employment

PLEASE PRINT

PERSONAL

Name: _____	Date: _____
Address: _____	SS#: _____-_____-_____
City: _____	State: _____ Zip Code: _____
Position desired? _____	Number: (____) _____-_____
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 which resulted in imprisonment 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		
		Start	End	
Job Title				
Supervisor				
Reason for Leaving				

Employer	Telephone with area code	Dates of Employment		Work Performed
		Start	End	
Address		Hourly Rate/Salary		
		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 ____

**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**

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).

