

CONFIDENTIAL

JOB APPLICATION

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** (____) _____ - _____

BIRTH DATE: _____ **SOCIAL SECURITY NUMBER (SSN):** _____

AVAILABLE START DATE: _____ **DESIRED PAY:** \$ _____ per hour

POSITION: FRONT DESK / ADMINISTRATION CLINIC ASSISTANT OPTICAL ASSISTANT
 FULL-TIME PART-TIME

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE US? YES NO

CAN YOU RELIABLY COMMUTE TO OUR OFFICE LOCATION? YES NO

HAVE YOU EVER BEEN CONVICTED (OR PLED GUILTY) OF A FELONY? MEDICARE FRAUD? DOMESTIC ABUSE? SEXUAL CRIMES? OR DRUG CHARGES?* YES NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL GRADUATE: YES NO

COLLEGE: YES NO **GRADUATE:** YES NO

SCHOOL: _____

MAJOR: _____

DEGREE: _____

OTHER DEGREES / CERTIFICATIONS: _____



PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

JOB TITLE: _____ ENDING PAY RATE: \$ _____

FROM: _____ TO: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

JOB TITLE: _____ ENDING PAY RATE: \$ _____

FROM: _____ TO: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

JOB TITLE: _____ ENDING PAY RATE: \$ _____

FROM: _____ TO: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 4: _____
Company / Individual

JOB TITLE: _____ ENDING PAY RATE: \$ _____

FROM: _____ TO: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____



PROFESSIONAL REFERENCES (NOT PERSONAL)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

CONTACT INFORMATION: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

CONTACT INFORMATION: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

CONTACT INFORMATION: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____ **TYPE OF DISCHARGE:** HONORABLE OTHER

BACKGROUND CHECK CONSENT

DO YOU CONSENT TO A FULL BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ **DATE:** _____

