

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.
