

Employment Application



The information given on this form is solely for the use of The Center For Sight and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

Date

Please Print

Personal	Last Name	First	Middle	Email Address
	Present Address- Street	City, State	Zip Code	Contact Telephone Number
	Alternate Address- Street	City, State	Zip Code	Alternate Telephone Number
	Referred by:	Date Available for Employment	Eligible to Work in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Position (s) Applied For:	Starting Salary Desired	Geographical Locations Preferred	
	Are you willing to: Travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	Work Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you previously worked for our company? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Must be completed in its entirety, including salary information.

Employment Background	1. Present (or last) Company Name			
	Address	City, State	Phone #	
	Dates: From - To	Starting Base Salary \$	Current Base Salary \$	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	2. Previous Employer Company Name			
	Address	City, State	Phone #	
	Dates: From - To	Starting Base Salary \$	Ending Base Salary \$	
	Job Title	Supervisor	Reason for Leaving	
	Brief description of duties (include number of persons supervised, if applicable)			
	3. Previous Employer Company Name			
	Address	City, State	Phone #	
	Dates: From - To	Starting Base Salary \$	Ending Base Salary \$	
Job Title	Supervisor	Reason for Leaving		
Brief description of duties (include number of persons supervised, if applicable)				

The Center For Sight is an EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

Education	Schools Attended and Location	Dates Attended		Major	Type of Degree	Grade Average		Date of Graduation (Mo/ Yr)
		From	To			Overall	Major	
	High School	 	 	 	Diploma or GED Yes <input type="checkbox"/> No <input type="checkbox"/>	 	 	
	College							
	College							
	College							
	Special Awards or Recognitions				* If no degree obtained, indicate number of college credit hours completed			

Military	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

Skills	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.	
	Foreign Languages:	Degree of Proficiency:

List three professional references most familiar with your abilities (supervisors preferred).

References	Name and Association Years Known	Occupation	Email Address	Phone Number

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by The Center For Sight my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I grant The Center For Sight the right to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to The Center For Sight, or any of its affiliates, subsidiaries, or divisions, from my salary, wages, commissions, reimbursements or final pay subject to compliance with applicable state and federal wage and hour laws.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT _____

DATE _____