



Position Application

Professional Eye Care

1723 Marion-Mt. Gilead Rd.
Marion, OH 43302
740.387.6880 ofc. 740.387.7443 fax

Professional Eye Care is an Equal Opportunity Employer. We adhere to the policy of providing equal employment opportunities to all applicants and employees without regard to any legally protected status, such as race, color, religion, gender, national origin, citizenship, age, disability or veteran status. We assure you that your opportunity for employment with Professional Eye Care depends solely on your qualifications.

PLEASE PRINT (EXCEPT FOR SIGNATURE)

NAME AND ADDRESS				
Name (First, MI, Last)		Social Security Number		
Address				
City, State, Zip Code				
Telephone		Alternate Phone		
Driver's License Number: _____ State: _____		Email		
If under 18, please list age:		Who referred you to Professional Eye Care?		
POSITION TYPE				
Position Applying for: _____ Salary Desired: _____				
AVAILABILITY				
Employment Desired	Days Available		Hours Available	
<input type="checkbox"/> Full-time only	<input type="checkbox"/> No preference	<input type="checkbox"/> Thursday	Weekly: _____ Evenings: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Part-time only	<input type="checkbox"/> Monday	<input type="checkbox"/> Friday		
<input type="checkbox"/> Either FT/PT	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday		
<input type="checkbox"/> Internship/Temporary	<input type="checkbox"/> Wednesday			
When are you available to begin work? _____				
ADDITIONAL INFORMATION			Yes	No
Have you ever been employed with Professional Eye Care in the past? <i>If so, please list dates, position held and reason for leaving.</i>			<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in the United States?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime, including traffic violations? <i>If yes, please explain.</i>			<input type="checkbox"/>	<input type="checkbox"/>
NOTE: The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.				
Are you able to perform the essential functions of the position with or without reasonable accommodations? <i>What reasonable accommodation, if any, would you require?</i>			<input type="checkbox"/>	<input type="checkbox"/>

SKILLS

Check those skills that you have, and list any other skills that may be useful for the position you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. ("1" represents very little ability, while "5" represents exceptional ability.)

Skill	Years Experience	Skill Level
<input type="checkbox"/> Word Processing: <i>List Programs:</i>		1 2 3 4 5
<input type="checkbox"/> Excel		1 2 3 4 5
<input type="checkbox"/> Accounting/Bookkeeping		1 2 3 4 5
<input type="checkbox"/> Filing		1 2 3 4 5
<input type="checkbox"/> Vision/Exam Equipment: <i>Please List and rate each:</i>		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
<input type="checkbox"/> Other		1 2 3 4 5

EDUCATION

School	Location (mailing address)	Years Completed	Major	Degree/ Diploma/Honors
High School				
College or Business/Trade School				
Military				
Have you ever been in the Armed Forces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Entered
Are you now a member of the National Guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge Date

Specialty:

EXPERIENCE

Please list your work experience for the past 10 years beginning with your most recent position held. Attach additional sheets if necessary.

Company	Name of Last Supervisor	Start Date	Starting Salary
Address	Your Last Position Title	End Date	Final Salary
City, State, Zip Code		Phone Number	

Reason for Leaving: (Please be specific)

List all of the positions, duties, responsibilities, skills, promotions, etc. while you worked at this company.

May we contact this employer? Yes No

EXPERIENCE (cont'd)			
Company	Name of Last Supervisor	Start Date	Starting Salary
Address	Your Last Position Title	End Date	Final Salary
City, State, Zip Code		Phone Number	
Reason for Leaving: (Please be specific)			
List all of the positions, duties, responsibilities, skills, promotions, etc. while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company	Name of Last Supervisor	Start Date	Starting Salary
Address	Your Last Position Title	End Date	Final Salary
City, State, Zip Code		Phone Number	
Reason for Leaving: (Please be specific)			
List all of the positions, duties, responsibilities, skills, promotions, etc. while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company	Name of Last Supervisor	Start Date	Starting Salary
Address	Your Last Position Title	End Date	Final Salary
City, State, Zip Code		Phone Number	
Reason for Leaving: (Please be specific)			
List all of the positions, duties, responsibilities, skills, promotions, etc. while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

List any three people who would be willing to provide a reference for you. Please exclude relatives and former employers.

Name	Relationship	Years Known
Address	Email	
City, State, Zip Code	Phone Number	
Name	Relationship	Years Known
Address	Email	
City, State, Zip Code	Phone Number	
Name	Relationship	Years Known
Address	Email	
City, State, Zip Code	Phone Number	

OTHER INFORMATION

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Professional Eye Care to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organization to fully and freely communicate information to Professional Eye Care regarding my previous employment, attendance, and grade. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I understand that it is Professional Eye Care's policy to conduct a pre-employment drug test, and that my consent to and compliance with such policy is a condition of my employment; and that continued employment is based on the successful passing of testing under such policy.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President/CEO, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reason of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Professional Eye Care, except in a specific written contract of employment signed on behalf of the organization by its President/CEO, has the power to alter or vary the voluntary nature of the employment relationship.

Signature of Applicant:	Date
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Thank you for completing this application form and for your interest in serving our

community with courteous and professional vision care.

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