

# Application For Employment

This company does not discriminate in hiring or employment on the basis of race, color, sex, religion, national origin, age or disability. In an effort to provide a healthy atmosphere, our company promotes a smoke free environment for employees and patients. Smoking by employees is not permitted on company premises or during working hours.

Name:

Home Telephone: (     )

Daytime Telephone: (     )

Mailing Address:

City:

State:

Zip Code:

Length of time at the above address:

If employed, are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986?  Yes  No

Are you 18 years of age or older?  Yes  No

Since reaching 18 years of age, have you ever been convicted of a felony?  Yes  No

If you answered yes, please explain:

Do you have any relatives working for this company?  Yes  No

If you answered yes, please give their name and relationship:

## Employment Position Desired

What type of employment are you applying for?  Full-time  Part-time  Temporary

Position:

Salary Desired:

How did you hear about this position?

Have you ever applied here before?  Yes  No

## Work Skills (Please Indicate Applicable Work Skills)

Typing: Approximate words per minute:

Keypunch: Approximate SPH:

Word Processor: What computer program/system?

Transcription:  Yes  No

Other job related skills:

Please Complete Reverse Side

**Education**

School	Name/City/State	Major	Year	Diploma Recvd?
Grammar School		General	5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School		General	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Business			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Professional Licenses/Certifications**

License/Certification	State	Exp. Date	Registration #

**Employment Record (Start with Present/Most Recent Employer, List Last Three Employers)**

Date From/To	Name of Employer/Address	Salary	Position	Reason for Leaving
F:				
T:				
F:				
T:				
F:				
T:				

If presently employed, may we contact your present employer?  Yes  No

Is any additional information relative to change in name necessary to check your work history? (if yes, please explain):  Yes  No

**Personal References (Must have known 2 years – do not list relatives or former employers)**

Name:	Years Acquainted:
Address	Telephone:
Name:	Years Acquainted:
Address	Telephone:
Name:	Years Acquainted:
Address	Telephone:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I authorize Carolina Eye Associates to perform any applicable records checks, including but not limited to, a criminal records check and/or a driver's record check necessary for the position I am being considered for. I authorize Carolina Eye Associates to check the Department of Health and Human Services' List of Excluded Persons, maintained by the Office of Inspector General, to ensure that I have not been excluded from any federal programs.

Carolina Eye Associates conducts its business with the highest possible degree of safety and efficiency. Because of this, we require all applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of their pre-placement physical health survey. In addition, all employees are subject to blood tests or urinalysis screening for drug or alcohol use.

If the company is notified of a positive drug result, the applicant has the right to request a re-test of the sample. The company will notify the applicant, in writing, within 30 days of receiving notification from the testing contractor. The applicant must request to have the sample retested within 90 days of notification from the company. The applicant may request for the sample to be retested at a different qualified laboratory. If this option is chosen, the contractor must meet the requirements of the Department of Health and Human Services and College of American Pathologists' Forensic Urine Drug Test Inspection for collection and testing of the sample. The applicant will be responsible to pay reasonable costs incurred for the retesting.

Signature:	Date:
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