

PRIOR EMPLOYMENT

List your last three jobs, beginning with the most recent. May we contact your current employer?

_____ Yes _____ No

1. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

2. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

3. Employer name/address/phone _____

Job Title _____ Duties _____

Dates employed _____ to _____ Salary \$ _____

Reason for leaving _____

EDUCATION AND TRAINING

Name and location of high school _____

_____ Graduated? _____ Yes _____ No

Please list technical or trade school, college and post-graduate education, if any:

<u>School/College</u>	<u>Level Completed</u>	<u>Degree</u>	<u>Major Subjects</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER SKILLS

Describe any computer, tool, equipment or office machine skills and proficiency level:

Describe any other special skills or qualifications which may help you in the position applied for:

List all licenses or certificates held, including state, license or certificate type, date issued and license or certificate number. Indicate if current or expired:

List any relevant professional or business organizations to which you belong (Optional):

VETERAN STATUS

If you are a veteran of the armed forces of the United States, please provide the following information:

Military Branch: _____ Dates of Service: _____

Discharge Date: _____ Honorable Discharge? _____ Yes _____ No

NOTE: A less than honorable discharge will not automatically disqualify you from employment.

REFERENCES

Please list three professional references (not friends or relatives) prior employers or supervisors that can address your job performance.

1. Name _____ Phone (_____)_____

How long known? _____ Occupation: _____

2. Name _____ Phone (_____)_____

How long known? _____ Occupation: _____

3. Name _____ Phone (_____)_____

How long known? _____ Occupation: _____

Name of Applicant

By signing below, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate or complete, I may not be hired, or if hired, I may be discharged. I authorize Midwest Eye Care to investigate all statements contained in this application for employment and to investigate my character and qualifications. I authorize my prior employers, references and others with information regarding my work or educational history or my character to provide MEC with all required information and references and to cooperate fully with the investigation of my character and qualification.

I understand that this application is not a contract of employment. I also acknowledge that no oral representations have been made and that no one within MEC has the authority to make oral contracts of employment. If hired, my employment relationship with MEC is terminable at-will, with or without cause, by either myself or MEC.

I understand and agree to all of the conditions and statements set forth above, and throughout this application.

Applicant's Signature

Date and Time

a.m.
p.m.

HUMAN RESOURCE

Hired: _____

Start Date: _____

Position: _____

Department: _____

Salary: _____

NOTES: