

**MIDWEST EYE CARE  
APPLICATION FOR EMPLOYMENT**

**An Equal Opportunity Employer**

**Instructions:** Please print all information and complete every part of this application. If there is a question which does not apply to you, mark "N/A". Do not leave any question unanswered. **Any false, misleading or incomplete responses may result in disqualification for hire or immediate dismissal from employment.** You may add another page if necessary.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
  Last                                 First                                 Middle

Home Address: \_\_\_\_\_  
  City                                 State                                 Zip Code

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you available: \_\_\_\_\_ Full-time    \_\_\_\_\_ Part-time    \_\_\_\_\_ Temporary

Please describe any work schedule limitations: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for a job with us before? \_\_\_\_\_ No    \_\_\_\_\_ Yes (If yes, state date): \_\_\_\_\_

Have you been employed by us before? \_\_\_\_\_ No    \_\_\_\_\_ Yes (If yes, state date and jobs): \_\_\_\_\_  
\_\_\_\_\_

Do you have a relative employed by us? \_\_\_\_\_ No    \_\_\_\_\_ Yes, the following relatives: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any crime? \_\_\_\_\_ No    \_\_\_\_\_ Yes, as follows: \_\_\_\_\_  
\_\_\_\_\_

*NOTE:* A conviction record will not necessarily disqualify an applicant from employment. The circumstances of the conviction will be considered in relation to the nature and duties of the job applied for.

Are you a citizen of the United States, or specifically, authorized to be employed in the United States?  
\_\_\_\_\_ No    \_\_\_\_\_ Yes

*NOTE:* The law requires that you provide evidence and a sworn statement of your citizenship or work authorization if you are hired. Any offer of employment which you receive is contingent upon your providing the documentation and statement which we require from you.

Position applied for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Today's date: \_\_\_\_\_ How did you learn about this job? \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

**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:

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

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

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

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## 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/Company: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

How long known? \_\_\_\_\_ Occupation/Company: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (\_\_\_\_\_)\_\_\_\_\_

How long known? \_\_\_\_\_ Occupation/Company: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

Midwest Eye Care (MEC) is committed to improving the health and wellness of its employees. Effective September 1, 2013, all job offers will be conditioned upon the successful completion and satisfactory results of a background check, a drug/alcohol test and a nicotine test. An applicant who has received a conditional job offer cannot begin working at MEC until MEC receives notification of satisfactory results for these items.

By signing below, I understand that MEC may require me to undergo a background check, a drug/alcohol test and a nicotine test after receiving a conditional offer of employment. I certify that I have not used tobacco products for the past 180 days. I understand that I will receive additional information about the foregoing and may be required to sign additional authorizations regarding the same. I understand and acknowledge that any offer of employment will be conditional upon my successful completion of any background check, drug/alcohol test and/or nicotine tests that is conducted. If unsatisfactory results are received for any of these items, I understand that my conditional job offer will be withdrawn by MEC.

By signing below, I also 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 MEC 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: