



# broadvieweye center

## Broad View Eye Center Application for Employment

Broad View Eye Center does not discriminate in any employment practice on the basis of race, religion, sex, age, marital status, national origin, veteran's status, or disability. No question on this application is intended to secure information that could be of a discriminatory nature.

***PLEASE PRINT***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

YES NO Are you currently employed?

YES NO May we contact your present employer?

YES NO Have you ever been employed by Broad View Eye Center in the past?

YES NO Are you legally eligible to work in the United States?

YES NO Have you ever been convicted of a felony?

YES NO Are you available to work evenings and weekends?

Date you are available to begin work \_\_\_\_\_ Salary Requested \_\_\_\_\_/hr

Do you speak any languages other than English (list) \_\_\_\_\_

Describe any specialized training that you feel might better qualify you for this position:

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**broadvieweye**center

**RECORD OF EMPLOYMENT**

Please list previous employers starting with the most recent

Company:	Employed from ____ to ____
City/State:	Telephone:
Supervisor:	Salary: Starting _____ Ending_____

Company:	Employed from ____ to ____
City/State:	Telephone:
Supervisor:	Salary: Starting _____ Ending_____

Company:	Employed from ____ to ____
City/State:	Telephone:
Supervisor:	Salary: Starting _____ Ending_____



#### RECORD OF EDUCATION

	SCHOOL NAME OF SCHOOL	DATES ATTENDED	DIPLOMA OR DEGREE RECEIVED
High School			
College			
Other			

#### PROFESSIONAL REFERENCES (Previous managers/employers)

Name	Phone Number	Occupation

#### ***PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION***

I understand that consideration of this application in no way implies a contract of employment. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. At any time during the first ninety (90) days of my employment, my position may be terminated with compensation paid through the last day worked.

I understand that Broad View Eye Center promotes a drug/alcohol free workplace and agree to abide by the guidelines established in the Policy and Procedure Manual. I understand that as a condition of my employment, I may be required to undergo screening for illegal drugs and hereby give my consent for that testing. My refusal to submit to testing will result in my application being rejected or my employment being terminated.

I certify that the answers given in this application are true and accurate to the best of my knowledge. I understand that any false information, misleading statements, or omission of facts is sufficient cause for rejection of my application if Broad View Eye Center has not employed me and immediate termination if Broad View Eye Center has employed me.

In the event of my employment with Broad View Eye Center I will comply with all rules, regulations, and policies set forth in the Policy and Procedure Manual or other policies communicated to me.

I hereby acknowledge that I have read and understand the preceding statements.

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Signature of Applicant Date