

Kentucky Eye Care Application for Employment

PERSONAL INFORMATION Complete *all* applicable information

Name (Full - Last, First, MI)			
Position(s) applied for:		Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	
Street Address:		City	State Zip
Home Phone	Business Phone	Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list conviction(s), date(s), and place(s). Conviction is not an automatic rejection. Specifics will be reviewed.			
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Where?		Email Address	

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address:		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Hrly/Yrly Salary	Final Hrly/Yrly Salary	Bonus/Commission		May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Hrly/Yrly Salary	Final Hrly/Yrly Salary	Bonus/Commission		May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State	Zip	
Duties:		Reason for Leaving:			
Starting Hrly/Yrly Salary	Final Hrly/Yrly Salary	Bonus/Commission		May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

WORK-RELATED REFERENCES

Name	Occupation	Years Knows	Contact Information
Name	Occupation	Years Knows	Contact Information
Name	Occupation	Years Knows	Contact Information

GENERAL

Additional space for seminars, conferences, designations or comments regarding the application:

If applying for a clerical position, what business equipment can you operate? (For example, computers, copiers, etc.)

If applying for an administrative position: Typing skills __ Yes __ No Words/Minute:	In what computer software programs are you proficient? [Name the package(s).]
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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Date	Signature
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