

Employment Application

FRISCO EYE ASSOCIATES is an Equal Opportunity Employer

POSITION APPLIED FOR	
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Thank you for your interest in Frisco Eye Associates as an employer. Only final candidates for posted openings will be contacted personally.

GENERAL INFORMATION

Name (last, first, middle initial)		Social Security No. (Optional)	
Street Address		City, State, Zip	
Home Phone No.	Work Phone No.	Message Phone No.	
What is your minimum salary requirement? _____		Date available for work _____ Full time _____ Part time _____	
Are you authorized to work in the United States? Proof of Authorization will be required post hire. Yes No			

TRAINING AND EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:					
8	9	10	11	12	GED
Colleges/other training	Major/subject	Degree/certificates			

ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying

SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Eye care Industry knowledge		
Other		
Can you perform the essential functions of the job with or without reasonable accommodation? Yes No		

BACKGROUND INFORMATION

EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS			
Do you have a valid Texas Driver's License?	Yes	No	Other State _____
Have you been convicted of a felony or served time in prison within the last ten (10) years?	Yes	No	
Conviction will not necessarily bar you from employment. If yes, please explain:			

How/where did you hear about the position for which you are applying? (Check one)

_____ Friend or relative	_____ employee	_____ patient
_____ Newspaper ad	_____ internet	
Which? _____		
_____ Other please specify _____		

EMPLOYMENT HISTORY

Employer	Employed from:	To:
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Address:	Supervisor
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Phone	Hours worked/week	Starting salary
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Position	Last salary
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Primary duties

Number of employees supervised by you	May we contact this employer	Supervisor's phone
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Reason for leaving

Employer	Employed from:	To:
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Address:	Supervisor
----------	------------

Phone	Hours worked/week	Starting salary
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Position	Last salary
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Primary duties

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Reason for leaving

PROFESSIONAL REFERENCES		
Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance		
Name	Place of employment/title	Phone

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by Frisco Eye Associates, for dismissal. I authorize the Frisco Eye Associates to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Frisco Eye Associates from any liability for future references it may provide regarding my work history at the firm.

Applicant's signature _____ *Date* _____