



## Application for Employment

Federal and State laws prohibit discrimination in employment practices on account of race, color, religion, creed, national origin, ancestry, age, marital and familial status, veteran status, disability, or any other legally protected group status.

### Personal Information

*[Please print]*

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

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Numbers: \_\_\_\_\_

(Check which one is best to contact you)

Home

Mobile

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

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes  No

Are you 18 years of age or older? Yes  No

How did you hear about Cokingtin Eye Center?

Newspaper ad

Online Ad

Employment Agency

Company's Website

School

CEC Employee

Other: \_\_\_\_\_

### Position Desired

Have you ever applied or worked for Cokingtin Eye Center before? Yes  No

If yes, please list dates of employment and practice name: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Position desired: \_\_\_\_\_ Full Time:  Part Time:  How many hours a week? \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_ Per Week  Month  Year

Other positions for which you are qualified for? \_\_\_\_\_

Date available to begin working: \_\_\_\_\_

Are you currently employed? Yes  No  If so, may we inquire of your present employer? Yes  No

## Education

<b>High School:</b>	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	GPA:	Years Attended:	Course of Study:
<b>Technical School:</b>	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	GPA:	Years Attended:	Course of Study:
<b>College/ University:</b>	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	GPA:	Years Attended:	Course of Study:
<b>Post- Graduate Education:</b>	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>	GPA:	Years Attended:	Course of Study:
<b>Other Education, Training or Special Skills:</b>	Please Explain:	Certification Received?	Years Attended:	Course of Study:

## Employment History

*Fill in the information starting with your most recent employer. Please provide at least 5 years of work history if applicable.*

<b>Employer:</b>	Dates Worked: From:                      To:	Position(s) Held:
Address:	City:	State/Zip:
Phone Number:	Name of Supervisor:	Email:
Duties/ Responsibilities:	Starting Wage: \$                      per	Ending/Current Wage: \$                      per
Reason(s) for Leaving:	Bonus: \$	Incentives: \$
May we contact this employer for a reference?		

## Employment History Continues

<b>Employer:</b>	Dates Worked: From:                      To:	Position(s) Held:
Address:	City:	State/Zip:
Phone Number:	Name of Supervisor:	Email:
Duties/ Responsibilities:	Starting Wage: \$                      per	Ending/Current Wage: \$                      per
Reason(s) for Leaving:	Bonus: \$	Incentives: \$
May we contact this employer for a reference?		
<b>Employer:</b>	Dates Worked: From:                      To:	Position(s) Held:
Address:	City:	State/Zip:
Phone Number:	Name of Supervisor:	Email:
Duties/ Responsibilities:	Starting Wage: \$                      per	Ending/Current Wage: \$                      per
Reason(s) for Leaving:	Bonus: \$	Incentives: \$
May we contact this employer for a reference?		
<b>Employer:</b>	Dates Worked: From:                      To:	Position(s) Held:
Address:	City:	State/Zip:
Phone Number:	Name of Supervisor:	Email:
Duties/ Responsibilities:	Starting Wage: \$                      per	Ending/Current Wage: \$                      per
Reason(s) for Leaving:	Bonus: \$	Incentives: \$
May we contact this employer for a reference?		

**Please account for periods of unemployment in the last 5 years below, other than those due to personal injury, illness or disability, including any date unemployment compensation was received from a government agency.**

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### Skills and Other Job Related Information

Please list any skills that may be related to the job for which you are applying. Do not list any organizations that would reveal race, color, religion, creed, national origin, ancestry, age, marital status, veteran status, non-job related disability or any other protected group status.)

Computer Skills: \_\_\_\_\_

Word Processing, Spreadsheets, Presentation software: \_\_\_\_\_

Software packages you have used, and are familiar with: \_\_\_\_\_

List active certifications/designations: \_\_\_\_\_

(E.g. MD, OD, PHD, MBA, COMT, COT, COA, etc.)

Other (please explain): \_\_\_\_\_

Awards, publications, or special accomplishments: \_\_\_\_\_

### References

Name	Professional/ Personal	Email Address	Phone Number	Years Known

If you did not list any professional references, please briefly explain why:

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### Authorization and Acknowledgements

I affirm that the information I have provided in this application is accurate and complete. I also understand that any omission or misrepresentation of information provided may result in my rejection for, or termination from, employment.

I also authorize Cokingtin Eye Center to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

In the event of my employment with Cokingtin Eye Center, I will comply with all of the rules and policies of the employer. I understand that if I am employed, my employment will be at-will for no set period of time, and that my employment may be terminated for any reason at any time by either me or Cokingtin Eye Center.

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Candidate's Signature

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Date