

Employment Application

Lakewood Family Eye Care is an Equal Opportunity Employer

Position applied for: _____ Date _____

Thank you for your interest in Lakewood Family Eye Care as an employer. Only candidates for posted openings will be contacted personally.

GENERAL INFORMATION

Name (last, first, middle initial)		
Street Address		City, State, Zip
Home Phone No.	Work Phone	Cell Phone
What is your minimum salary requirement? _____		Date available to start work?
Are you authorized to work in the United States? Proof of Authorization will be required post hire. YES NO		

TRAINING AND EDUCATION

Circle the highest grade completed	8	9	10	11	12	GED
Colleges/other training	Major/Subject			Degree/certificates		

ADDITIONAL SKILLS RELEVANT TO THE JOB YOU ARE APPLYING FOR

Skill	Type of Experience	Level of Expertise
Office equipment, computers, etc.		
Eye care industry knowledge		
Technical skills, professional licenses		

BACKGROUND

Each case is considered separately based on job duties and performance areas

Do you have a valid Florida driver's license? YES NO

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? (circle one)

Friend/relative Newspaper Internet Employee Patient Other _____

EMPLOYMENT HISTORY			
Employer		Employed From	To
Address (City & State)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary Duties			
Did you supervise employees		YES	NO
How many?		May we contact this employer?	
		YES	NO
Reason for leaving			
Employer		Employed From	To
Address (City & State)		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary Duties			
Did you supervise employees		YES	NO
How many?		May we contact this employer?	
		YES	NO
Reason for leaving			
Employer		Employed From	To
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Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary Duties			
Did you supervise employees		YES	NO
How many?		May we contact this employer?	
		YES	NO
Reason for leaving			

PROFESSIONAL REFERENCES

Please list references 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 Lakewood Family Eye Care, for dismissal. I authorize the Lakewood Family Eye Care 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 Lakewood Family Eye Care from any liability for future references it may provide regarding my work history at the firm.

Applicants Signature _____ Date _____

FAX TO (941) 756-1925 OR EMAIL TO INFO@LAKEWOODEYES.COM