GREAT LAKES EYE CARE

(An Equal Opportunity Employer)

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

PERSONAL INFORMATION

Date: _____

Name: _____
(First) (Middle) (Last)

Present Address: _____

_____ How long have you lived at this address? _____

Telephone #1: _____ Telephone #2: _____

Email address: _____

Social Security Number: _____ Are you 18 years old or older? _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Check type of employment desired: ☐ Full Time ☐ Part Time ☐ PRN ☐ Temporary/Seasonal

Check days available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Are you employed now? _____ If so, may we contact your present employer? _____

Ever applied to this company before? _____ Where: _____ When: _____

Referred by: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar school				
High school				
College				
Trade, business, or correspondence school				

GENERAL

Subjects of special study or research work: ______________________________

____

What special work experiences have you had? ______________________________

____

____

U.S. Military or Naval Service: ______________ From: ________ To: ________ Date Discharged: ____________

Rank & Duties: ______________________________

Present Membership in National guard or reserves? ______________________________

PRIOR EMPLOYMENT *(Start with most recent employer)*

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE	EMAIL ADDRESS

In case of emergency, notify: _____
Name Address Telephone

The above information is true and complete to the best of my knowledge. Should I be employed by Great Lakes Eye Care, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Great Lakes Eye Care has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Great Lakes Eye Care.

I understanding this application does not constitute an employment contract of any kind. Should I be employed by Great Lakes Eye Care, I may resign such employment at any time at my discretion with or without prior notice, and Great Lakes Eye Care may terminate my employment at any time at their discretion, with or without prior notice. I also understand that my supervisor has no authority to change this at-will relationship. This constitutes the entire agreement concerning potential employment with Great Lakes Eye Care.

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

SUMMARY OF INTERVIEW: _____

_____

_____

_____

Accepted for employment: ☐Yes ☐No Position: _____

Starting rate $_____ per ☐Hour ☐Week ☐Year Scheduled to start work: _____

Interviewed by: _____ Date: _____