

APPLICATION FOR EMPLOYMENT

Discover Vision Centers is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to citizenship status, age, race, religion, color, disability, genetics, national origin or ancestry, familial status, veteran service or status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed *90 days*. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information					
Name (Last, First, Middle)		E-Mail Address		Date of Application	
Current Address: Street				Telephone Number	
City	State	Zip		Number of Years	
Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Date Available for work:		
Position Applying for: (Check all that apply) <input type="checkbox"/> Front Office <input type="checkbox"/> Scheduler <input type="checkbox"/> Technician <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Optician <input type="checkbox"/> Administration/Management <input type="checkbox"/> Other _____					
Have you ever filled out an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel within the metropolitan area, if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Desired Salary: _____		Days Available: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat			
		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about Discover Vision Centers or this position? <input type="checkbox"/> Discover Vision website <input type="checkbox"/> Inquiry <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____					
Do you know anyone who works for Discover Vision Centers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____ Relationship? _____					
Are you authorized to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Training and Skills

List special skills, proficiencies or experiences which you feel may especially qualify you for the position for which you are applying:

Certifications, Accreditation, Licenses

List certifications, accreditation or licenses which you feel may especially qualify you for the position for which you are applying:

Education

Type of School	Name and Address	Course Studied/Major	Degree Completed (Yes/No)	Number of Years attended
High School/GED				
College				
Post-Graduate				
Vocation/Tech/ Other				

Work Experience – Starting With Current / Most Recent Employer

Name of Employer	Address		
Telephone Number	Supervisor's Name and Title	Dates Employed From: To:	
Starting/Present Job Title	Reason for Leaving		
Description of Duties:			

Next Previous Employer

Name of Employer	Address		
Telephone Number	Supervisor's Name and Title	Dates Employed From: To:	
Starting/Present Job Title	Reason for Leaving		
Description of Duties:			

Next Previous Employer		
Name of Employer	Address	
Telephone Number	Supervisor's Name and Title	Dates Employed From: To:
Starting/Present Job Title	Reason for Leaving	
Description of Duties:		
*****Provide explanation of any gaps in employment:		
Computer Skills (please describe) including any EMR systems used:		
Other Qualifications		
Summarize any other special <u>job-related</u> skills and qualifications acquired from employment or other experience.		
Professional References		
Name	Company/Occupation	
Telephone	Relationship	
Name	Company/Occupation	
Telephone	Relationship	
Name	Company/Occupation	
Telephone	Relationship	

READ CAREFULLY BEFORE SIGNING BELOW
(Signature required in order to be considered for employment.)

I certify that I personally completed this application and that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated.

I understand that all information provided by me on this application or in any interview is subject to verification. I further understand that background information may be verified throughout my employment.

I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.

I understand that Discover Vision Centers will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that the company requires as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation may be required.

I acknowledge that if I am employed by Discover Vision Centers, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. Only an authorized executive of Discover Vision Centers has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

I certify that I have read and understand this information. Further, I confirm that I desire to be considered for employment under these conditions.

Signature of Applicant

Date