



Date: _____
 Referred By: _____
 Applying for: _____

APPLICATION FOR EMPLOYMENT

Name: _____ Social Security #: _____

Address: _____ How long? _____
 Street _____
 City _____ State _____ Zip Code _____

Telephone: Home: _____ Cell: _____

Email: _____

Would you consider: *Full Time*: _____ *Part Time*: _____ *Temporary*: _____
If Part Time specify hours or days: _____

Minimum salary requirement? _____ Date available to start work? _____

Do you have any commitments to another employer that might affect your employment with HEA? _____

EDUCATION AND TRAINING

High School: _____
 School Name, City, State _____ Degree/Major/Course of Study _____

College: _____
 School Name, City, State _____ Degree/Major/Course of Study _____

Graduate School: _____
 School Name, City, State _____ Degree/Major/Course of Study _____

Trade School: _____
 School Name, City, State _____ Degree/Major/Course of Study _____

List any other education, training, special skills or certificates/licenses that you possess related to the job you are applying for: _____

List any machines or equipment on which you are qualified and experienced in operating: _____

List any languages you speak/read or write fluently _____
 Do you have a valid Driver's License? Yes No Military experience? Yes No
 What branch _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the U.S.?

Yes _____ No _____

If under age 18, state age: _____

Have you ever been convicted of a felony, pleaded no contest to a felony or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500 in the last ten years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) Yes _____ No _____

If Yes, explain _____

Can you perform the essential functions of the job? Yes _____ No _____

Do you require any accommodation to perform the essential functions of the job?

Yes _____ No _____

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent position:

Name of Employer _____ Type of Business _____

Address _____ City, State, Zip _____

Dates Employed _____ Your Title _____ Name of Supervisor _____ Contact # _____

May we contact? Yes _____ No _____ Part Time _____ Full Time _____

Brief description of responsibilities _____

Reason for leaving _____ Last Salary _____

Name of Employer _____ Type of Business _____

Address _____ City, State, Zip _____

Dates Employed _____ Your Title _____ Name of Supervisor _____ Contact # _____

May we contact? Yes _____ No _____ Part Time _____ Full Time _____

Brief description of responsibilities _____

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Dates Employed _____ Your Title _____ Name of Supervisor _____ Contact # _____

May we contact? Yes _____ No _____ Part Time _____ Full Time _____

Brief description of responsibilities _____

Reason for leaving _____ Last Salary _____

REFERENCES

List 3 – known to you for at least 3 years (Not employers or relatives)

Name/Address & Occupation _____ Phone _____

Name/Address & Occupation _____ Phone _____

Name/Address & Occupation _____ Phone _____

Person to be notified in case of emergency:

Name _____ Relationship _____ Phone _____

Address _____

Please include any other information you believe would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, ethnicity or handicap.

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information on this application (and accompanying resume', if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons I listed above (and on the accompanying resume', if any) to give Houston Eye Associates ("HEA") any and all information concerning previous employment and education and any pertinent information they may have, personal or otherwise, and release all such persons and, HEA, from liability for any damage that may result from furnishing same to Houston Eye Associates.

I understand that HEA will provide Workers' Compensation Insurance coverage for its employees. In the event of any injury in the workplace, I agree that my sole remedy lies in coverage under HEA's Workers' Compensation Insurance policy.

If employed by HEA, I agree to conform to the rules and regulations of Houston Eye Associates to which I am assigned. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either HEA or myself.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing if required. I also consent to the release of the test results to HEA for its use. I understand that my positive drug or alcohol result may preclude my employment.

SIGNATURE

DATE

PLEASE READ CAREFULLY BEFORE YOU SIGN AND DATE THIS FORM

Houston Eye Associates has my permission to verify the accuracy of the information that I have provided through the application for employment process, including my resume' and application form. Any deliberate misrepresentation or omission of facts is cause for immediate employment denial or dismissal if I am hired.

I understand that employment at Houston Eye Associates is contingent upon the investigation of my previous employment record, education, criminal record and references. I authorize Houston Eye Associates and its representative(s) to request information from and consult with institutions and individuals with whom I have been associated as well as others who may have information regarding my competence, qualifications and character.

I further release from any liability any individual, organization or corporation that provides information regarding my employment and criminal record to include: competence, skills, character, education and qualifications.

Finally, I understand that employment at Houston Eye Associates is not for any specific term or duration and may be terminated at any time, for any reason or for no reason, by either Houston Eye Associates or I. Adequate notice as defined by Houston Eye Associates Employee Handbook will be expected from both parties.

SIGNATURE

DATE

PRINTED NAME

***HOUSTON EYE ASSOCIATES
is an Equal Opportunity Employer.***

It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), gender, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.