

Ossip Optometry

Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. Be sure to sign and date the application. **Please print.**

Personal Data

Name	Social Security #	Home Phone ()
Address (street, city, state & zip code)		Business/Other Phone ()
Desired Position	Date Available	Desired Salary
Desired Location		
Would you accept full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you accept part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give your title and approximate dates of prior employment at this company:		

Educational Background

(Circle highest level completed)

High school	1	2	3	4
College	1	2	3	4

School	Name/City/State	Major	Degree, Diploma, License or Certificate Earned
High School			
College/University			
Vocational/Business/Other			
List Any Professional Designations			

Previous Employers and Their Addresses

May we contact your current employer? Yes No

List the most recent employer first. **All information MUST be completed.** You may attach a resume; however, not in lieu of completing the required information.

Employer Name:	Employer Address	Employer Phone ()	Start Date / /	End Date / /
Job Title <input type="checkbox"/> FT <input type="checkbox"/> PT	Starting Salary	Ending Salary	Supervisor Name	
Job Duties				
Reason for Leaving				

Employer Name:	Employer Address	Employer Phone ()	Start Date / /	End Date / /
Job Title <input type="checkbox"/> FT <input type="checkbox"/> PT	Starting Salary	Ending Salary	Supervisor Name	
Job Duties				
Reason for Leaving				

Employer Name:	Employer Address	Employer Phone ()	Start Date / /	End Date / /
Job Title <input type="checkbox"/> FT <input type="checkbox"/> PT	Starting Salary	Ending Salary	Supervisor Name	
Job Duties				
Reason for Leaving				

General

Do you have a legal right to be employed in the US? Y N (If yes, proof is required upon hire.)
Are you of legal age to work? Y N
Have you ever been convicted of a felony or misdemeanor? Y N
(A conviction will not necessarily disqualify an applicant from employment)
If yes, what was the nature of the conviction? _____

Certification & Authorization

The above information is true and correct. I understand that, in the event of my employment by Ossip Optometry & Ophthalmology, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Ossip Optometry & Ophthalmology to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Ossip Optometry & Ophthalmology and will hold Ossip Optometry & Ophthalmology and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Ossip Optometry & Ophthalmology to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Ossip Optometry & Ophthalmology is intended to create an employment contract between myself and Ossip Optometry & Ophthalmology under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Ossip Optometry & Ophthalmology at any time for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents to verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant's Signature _____ Date _____