

# EMPLOYMENT APPLICATION

— HANDEL VISION CLINIC

## PERSONAL INFORMATION

Name:

Today's Date:

Current Address:

Date of Birth:

Social Security Number:

Gender:

Male

Female

Phone Number:

Have you ever been convicted of a felony?

Yes

No

Elaborate if Desired:

## DESIRED EMPLOYMENT

Position:

Date Available to Start:

Interested In:

Full Time

Part Time

Either

Desired Salary:

Available to Work Saturdays?

Yes

No

Minimum Hours Desired:

Unavailable Days/Hours:

Desired Location:

Fairlawn

Are You Currently Employed?

Yes

No

Green

May We Contact Your Current Employer?

Yes

No

Newton Falls

Have You Applied to Handel Vision Clinic Before?

Yes

No

Able to Work in Any Office?

Yes

Where/When?

No



THANK YOU FOR APPLYING FOR OUR TEAM!

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## EDUCATION

Level:	High School	College	Trade/Business/Other
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Years Attended:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Graduation:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subjects Studied:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## REFERENCES

Name	Phone Number	Business	Type of Relationship	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## FORMER EMPLOYERS

Please list your last three employers, starting with the most recent one first.

Business Name:	<input type="text"/>	Job Title:	<input type="text"/>
Address:	<input type="text"/>	Starting Date/Leaving Date:	<input type="text"/> / <input type="text"/>
Name of Supervisor:	<input type="text"/>	Starting Wage/Ending Wage:	<input type="text"/> / <input type="text"/>

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## FORMER EMPLOYERS (CONTINUED)

Description of Work:

Reason for Leaving:

Phone Number:  May We Contact This Employer?  Yes  No

Business Name:

Job Title:

Address:

Starting Date/Leaving Date:

/

Name of Supervisor:

Starting Wage/Ending Wage:

/

Description of Work:

Reason for Leaving:

Phone Number:  May We Contact This Employer?  Yes  No

Business Name:

Job Title:

Address:

Starting Date/Leaving Date:

/

Name of Supervisor:

Starting Wage/Ending Wage:

/

Description of Work:

Reason for Leaving:

Phone Number:  May We Contact This Employer?  Yes  No



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## GENERAL

Subjects of Special Study or Research Work:

Special Training:

Special Skills:

Have you ever or do you currently wear glasses?

Yes

No

Have you ever or do you currently wear contact lenses?

Yes

No

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein, and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that nor representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date:

Signature:

*Thomas Handel O.D. Inc. is an equal opportunity employer. We appreciate you taking the time to fill out this pre-employment questionnaire and for showing an interest in joining our growing company. Your application will be kept on file for up to four months and then destroyed.*



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