EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name:	Today's Date:
Current Address:	Date of Birth:
	Gender: Male Female
Social Security Number:	Phone Number:
Have you ever been convicted of a felony? Yes	Νο
Elaborate if Desired:	

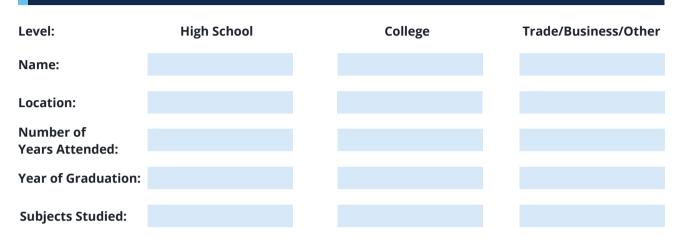
DESIRED EMPLOYMENT

Position:				Date Available to Start:		
Interested In:	Full Time	Part Time	Either	Desired Salary:		
Available to Work Saturdays? Yes No		Νο	Minimum Hours Desired:			
Unavailable Days/He	ours:			Desired Location:	Fairlawn	
Are You Currently E	mployed?	Yes	Νο		Green	
May We Contact Your Current Employer?		Yes	No		Newton Falls	
Have You Applied to Vision Clinic Before?		Yes	Νο	Able to Work in Any Office?	Yes	
Where/When?					No	



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EDUCATION



REFERENCES

Name	Phone Number	Business	Type of Relationship	Years Known

FORMER EMPLOYERS

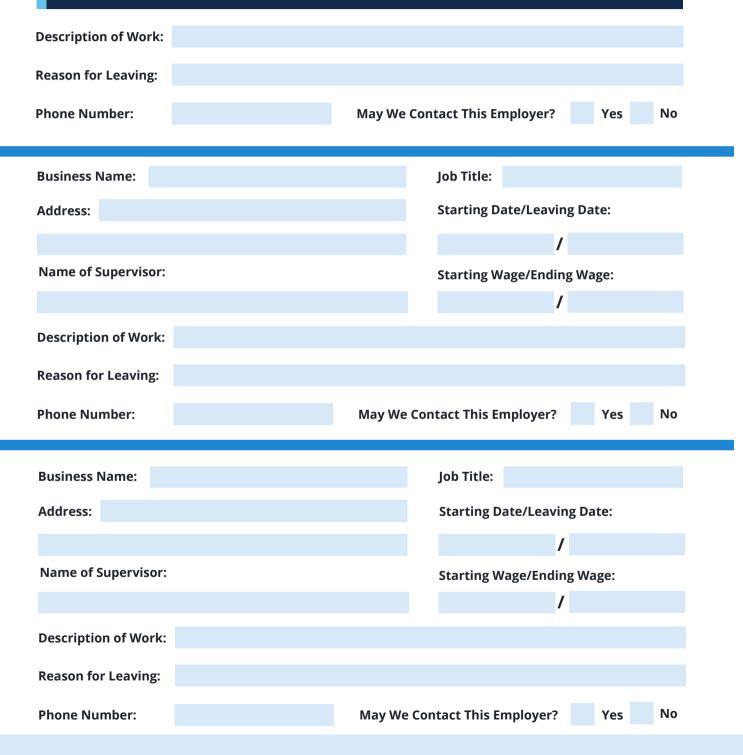
Please list your last three employers, starting with the most recent one first.

Business Name:	Job Title:	
Address:	Starting Date/Leaving Date:	
	/	
Name of Supervisor:	Starting Wage/Ending Wage:	
	/	



EMPLOYMENT APPLICATION

FORMER EMPLOYERS (CONTINUED)



THANK YOU FOR APPLYING FOR OUR TEAM!

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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.



THANK YOU FOR APPLYING FOR OUR TEAM!