

Personal Information

Name _____ Social Security # _____
First Middle Last

Address _____
Street City State Zip Code

Phone Number _____ Email Address _____

Are you 18 years old or older? Yes No

Are you either a U.S. Citizen or an Alien authorized to work in the U.S.? Yes No

Employment Desired

Position applying for _____ Date you can start _____ Wage desired _____

If you're employed now, may we inquire of your present employer? Yes No Currently Unemployed

Are you related to any office or employee of this company? Yes No If yes, whom? _____

For what type of employment are you applying? Full time Part time Temporary

Education Record	Name & Location	No. of Years Attended	Did you graduate?	Degree
High School				
College/Trade School				
Other				

General

List professional certificates and achievements: _____

What languages do you speak? _____ Special skills? _____

Do you have any commitments to another employer that might affect your employment with us? Please explain.

Remarks. Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. (You may attach a separate page or pages.) _____

References

Give the names of three people (*not relatives or employers*) who are acquainted with your work history.

Name, Address, and Phone Number	Present Business/Occupation	Years Acquainted
1. Phone: ()		
2. Phone: ()		
3. Phone: ()		

Former Employers

(List below the last three employers, starting with the most recent one first)

Date (M/Y)	Company Name, Supervisor Name, and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Which of these jobs did you like the best? _____

What did you like most about this job? _____

Unemployment Intervals

Date (M/Y)	Reason for Unemployment	Name & phone of person who can confirm (unrelated to you)
From		
To		
From		
To		

General

Do you require any special accommodations to perform the requirements of this position to the best of your abilities? Yes No If yes, please explain: _____

Have you ever been convicted of a felony? Yes No If yes, give details _____

In case of emergency, please contact:

Name	Address	Phone

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 this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I further authorize a background investigation including prior employers, education, and criminal record. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause. I also understand that South Dakota is an "At Will" state and that my employment is "at will" and that I or the Clinic may terminate the employment relationship at any time, for any reason.

X _____
Signature

Date

Vision Care Associates, L.L.P. are Equal Opportunity Employers. Applicants are considered on the basis of skills, experience, and qualifications without regard to race, creed, color, national origin, sex, marital status, or the presence of non-job-related medical disability or any other legally protected status.

DO NOT WRITE BELOW THIS LINE

Interviewed by _____

Date _____

Hired: Yes No

Position _____ Dept _____

Start Date _____ Salary/Wage _____