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Sarasota, FL 34239

7230 55th Avenue East
Bradenton, FL 34203

THE EYE ASSOCIATES

7915 US Hwy 301 N
Ellenton, FL 34222

6002 Pointe West Blvd
Bradenton, FL 34209

779 Cortaro Drive
Sun City Center, FL 33573

CSettles@TheEyeAssociates.com

FAX 941-794-0780

www.TheEyeAssociates.com

The Eye Associates is an Equal Opportunity Employer

We greatly appreciate your interest in our organization and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital or veteran status. Please note this application must be completed in its entirety and signed to be considered. Information submitted on this application is subject to verification.

Please Print Clearly:



PERSONAL

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone # _____

Where you would like to be called and preferred time: _____

Position(s) applied for: _____

Rate of pay expected: \$ _____ per hour.

Date available to start: _____

Referred by: _____

NOTIFICATION TO APPLICANT/EMPLOYEE THAT A CONSUMER REPORT MAY BE OBTAINED

In compliance with Public Law 95-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Act) and applicable state law, this notice is to inform you that this Company may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, Department of Motor Vehicle records, and investigative consumer reports. An "investigative consumer report" contains information of your character, general reputation, personal characteristics, or mode of living which has been obtained through personal interviews with neighbors, friends or associates, or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

Signature of applicant/employee

Date

Please print name



PAST EMPLOYMENT RECORD

Please complete for each of your last three employers.

Employer Name: _____

Address: _____

Telephone #_(_____) _____ Position Held: _____

Supervisor's Name: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for leaving: _____

Employer Name: _____

Address: _____

Telephone #_(_____) _____ Position Held: _____

Supervisor's Name: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for leaving: _____

Employer Name: _____

Address: _____

Telephone #_(_____) _____ Position Held: _____

Supervisor's Name: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Responsibilities: _____

Reason for leaving: _____



May we contact the employers listed above? Yes No If not, please indicate which one(s) you do not wish us to contact and why. _____

Signature: _____



EDUCATION

| | Name and Location | Completed Degree | Major Subject |
|--------------|-------------------|------------------|---------------|
| High School: | _____ | _____ | _____ |
| College: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |



SPECIAL SKILLS and/or LICENSES *For the skills listed below, indicate your proficiency.*

Accounting: _____

Optical: _____

Medical: _____

Medical Insurance: _____

Computer: *List software programs used* _____

Other: _____



BACKGROUND

Have you ever been convicted of any crime other than a minor traffic violation? Yes No

If yes, state date and places where charges occurred. (*NOTE: answering 'yes' will not automatically disqualify you for employment.*)



REFERENCES

List below the names of three persons, not related to you, whom you have known for at least one year.

Name: _____ Personal Professional

Address: _____

Phone Number: _____ Years Acquainted: _____

Name: _____ Personal Professional

Address: _____

Phone Number: _____ Years Acquainted: _____

Name: _____ Personal Professional

Address: _____

Phone Number: _____ Years Acquainted: _____

May we call the references listed above? Yes No

Signature

I hereby reaffirm that I have read the foregoing questions and that my answers to them are true and correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by the company or me. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I hereby authorize all references and all former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes or action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation.

Signature of Applicant: _____

Date: _____