



224 E. 7th St.
Dumas, TX 79029

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date of Application _____ Position(s) Applied For _____

Name: _____

Last

First

MI

Phone: _____ Email: _____

Address: _____

Street Address

City

State

Zip

If employed and under 18 years of age, can you furnish a work permit? Yes No

Have you filed an application with Advanced Eye Care before? Yes No

Have you ever been employed by Advanced Eye Care before? Yes No

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this country
because of visa or immigration status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

On what date would you be available for work? _____

When are you available to work? Full Time Part Time

EDUCATION:

	High	College/University	Graduate/Professional
School Name			
Years Completed/ Degree	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities			

Honors Received: _____

(State any additional information you feel may be helpful to us in considering your application.)

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

Employer: _____

Address: _____

Dates of Employed: From: _____ To: _____

Phone: _____ Job Title: _____

Supervisor: _____ Rate of pay: Starting: _____ Final: _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates of Employed: From: _____ **To:** _____

Phone: _____ **Job Title:** _____

Supervisor: _____ **Rate of pay: Starting:** _____ **Final:** _____

Work Performed: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates of Employed: From: _____ **To:** _____

Phone: _____ **Job Title:** _____

Supervisor: _____ **Rate of pay: Starting:** _____ **Final:** _____

Work Performed: _____

Reason for Leaving: _____

Special Skills and Qualifications

Summarize special skills and qualification acquired from employment experience or education.

Would you consent to a drug test? Yes No

Advanced Eye Care is a drug free work environment.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor an offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Advanced Eye Care.

Signature of Applicant Date