

Application for Apple Eyecare

Date: _____

Name: _____

Contact Telephone: Primary: _____

Secondary: _____

Email address: _____

Mailing Address: _____

How did you hear about this opening? _____

Why would you like to work for Apple Eyecare? _____

Do you have any physical condition which could (1) limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for? Yes No

If yes, explain _____

Are you taking medication at the present time that could limit your ability to perform the job applied for? Yes No

Do you smoke? Yes No

Check time willing to work: Full-time, Number of days per week _____

Part-time, Hours per week _____

Overtime occasionally if necessary? _____

Salary requirement: _____

If offered employment, when can you start? _____

Can your future vacations be arranged at the convenience of the office? _____

Do you have any fringe benefit needs? Yes No Explain: _____

What is your anticipated length of employment? _____

Education

School Name and Location	From	To
High School _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____	_____	_____
College _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____	_____	_____
College _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____	_____	_____
Post-College _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree _____	_____	_____
Other Training _____	_____	_____

Professional Information (if applicable)

Professional Licensure _____ License No. _____
Effective Date _____ Expiration Date _____
Certification _____ Certification No. _____
Effective Date _____ Expiration Date _____
Out of State Licenses _____ License No. _____

Employment History (Start with most recent employer-Please also include your last name while employed with that company)

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact them? Yes No
Responsibilities _____
Reason for Leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact them? Yes No
Responsibilities _____
Reason for Leaving _____

In addition to your education and work history, are there other skills, qualifications, or experience that we should consider?

References - Please list three professional references and one personal reference.

Full Name _____ Relationship _____
Email _____ Phone _____
Address _____

Full Name _____ Relationship _____
Email _____ Phone _____
Address _____

Full Name _____ Relationship _____
Email _____ Phone _____
Address _____

I attest with my signature below that I have given to [Company Name] true and complete information on this application. No requested information has been concealed. I also understand that [Company Name] may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____

Date _____

Pre-Interview Information

Complete the following information in your own handwriting.

1. Please state which of your previous positions you enjoyed the most and explain why.
2. Please state which of your previous positions you enjoyed the least and explain why.
3. Briefly describe your short-term (1-year) employment goals.
4. Briefly describe your long-term (5-year) employment goals.