

Application For Employment



Completion of this application does not guarantee employment with Valley Vision Clinic, L.L.C.

Valley Vision Clinic is an Equal Opportunity Employer, we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please print clearly)

Position(s) Applied For _____

Date of Application _____

How Did You Learn About Us?

Advertisement [] Employee [] Friend [] Referred by: _____

Last Name _____

First Name _____

Middle Initial _____

Address _____

City _____

State _____

Zip _____

Telephone Number _____
- -

Have you ever filed an application with us before? Yes [] No [] If yes, give date _____

Are you currently employed? Yes [] No [] If yes, may we contact your present employer? Yes [] No []

Are you related to any current employee of Valley Vision Clinic? Yes [] No [] If yes, to whom? _____

Are you currently subject to any type of employment contract or non-compete clause? Yes [] No []

Are you legally entitled to work in the United States? Yes [] No []

If you are hired, when can you start work? _____ Are you available to work: Full Time [] Part Time []

What is your desired hourly rate? \$ _____

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

If Yes, please explain: _____

A felony conviction will not necessary disqualify an applicant from employment with Valley Vision Clinic

Education

	Name and City of School	Course of Study	Year Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other (Specify)				

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Employment Experience

Start with your present or last job. Include any job-related Military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Please use back of sheet if necessary.

Employer		Dates Employed		Work Performed
		From	To	
Address		City		
State & Zip	Telephone Number () -	Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		City		
State & Zip	Telephone Number () -	Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address		City		
State & Zip	Telephone Number () -	Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
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Employer		Dates Employed		Work Performed
		From	To	
Address		City		
State & Zip	Telephone Number () -	Hourly Rate/Salary		
		Start	Final	
Job Title	Supervisor			
Reason for Leaving				

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Additional Information

List professional, trade, business or civic activities and offices held.

Other Qualifications

Summarize special job-related and qualifications that you feel may be helpful to us in considering your application.

References

Name	Relationship	W()	-	H()	-
Name	Relationship	W()	-	H()	-
Name	Relationship	W()	-	H()	-
Name	Relationship	W()	-	H()	-

Applicant's Statement

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

I authorize Valley Vision Clinic to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. I further understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **“at will”** nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized and acknowledged in writing by an authorized executive of Valley Vision Clinic.

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

Signature of Applicant

Date