



EMPLOYMENT APPLICATION

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip Code)

Email: _____ Phone Number: _____ Social Security Number: _____

| Education | Name and Location of School | # of Years Attended | Diploma Received | Subjects Studied/ Degree Obtained |
|---------------|-----------------------------|---------------------|------------------|--------------------------------------|
| High School | | | | |
| College | | | | |
| Post Graduate | | | | |
| Other | | | | |

Professional or Technical Licenses / Certifications / Registrations

Type: _____ State: _____ Number: _____

Type: _____ State: _____ Number: _____

References: Please list two personal references. Do not include former employers or relatives.

Name: _____ Address: _____
(City) (State) (Zip Code)

Occupation: _____ Years Known: _____ Telephone: _____

Name: _____ Address: _____
(City) (State) (Zip Code)

Occupation: _____ Years Known: _____ Telephone: _____

How were you referred to Eye Surgeons of Indiana / Surgical Care Center? _____

Please list the names of any relatives who work at Eye Surgeons of Indiana / Surgical Care Center: _____

Have you ever been interviewed or worked at Eye Surgeons of Indiana / Surgical Care Center in the past? If so, please give details:

Have you ever been convicted, pled guilty or no contest to a felony? YES NO If so, please state (1) date, (2) charge, (3) place, (4) court, and (5) action taken.
IMPORTANT: For purpose of employment with Eye Surgeons of Indiana / Surgical Care Center, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. A conviction does not automatically mean you cannot be employed. The type of conviction and the date are important. I, _____, agree to immediately notify Eye Surgeons of Indiana / Surgical Care Center if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Availability: _____ Position Applying For: _____

Full Time Part Time Temporary Date First Available: _____

Rate of pay desired: _____ per _____ Are you willing to work overtime: Yes No

EMPLOYMENT HISTORY: Please list your present or most recent employer first. Include any volunteer service or military work and provide a complete list of all jobs.

| | |
|-------------------------------------|--|
| Employer: | Job Title: |
| Address: | Supervisor: Phone: |
| City: State: Zip: | If your last name was different, please list former last name: |
| From (Month/Year): To (Month/Year): | |
| Rate of Pay (Start): To (Final): | Describe Job Duties: |
| Reason For Leaving: | |

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A WORK REFERENCE AT THIS TIME? YES NO

| | |
|-------------------------------------|--|
| Employer: | Job Title: |
| Address: | Supervisor: Phone: |
| City: State: Zip: | If your last name was different, please list former last name: |
| From (Month/Year): To (Month/Year): | |
| Rate of Pay (Start): To (Final): | Describe Job Duties: |
| Reason For Leaving: | |

| | |
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| From (Month/Year): To (Month/Year): | |
| Rate of Pay (Start): To (Final): | Describe Job Duties: |
| Reason For Leaving: | |

ADDITIONAL INFORMATION: Please summarize any additional information that describes your qualifications for employment. List any job-related skills you wish us to consider. For example, clerical or technical skills, knowledge of medical terminology, etc.

PLEASE READ CAREFULLY: The information on this application is complete, true, and correct to the best of my knowledge. I grant Eye Surgeons of Indiana / Surgical Care Center permission to investigate all information given and understand any omissions or false statements may be cause for dismissal no matter when discovered.

Signature: _____ Date: _____

Federal law prohibits discrimination in hiring based on race, color, religion, gender, national origin, or disabilities. Additional state, county or city laws may apply. Eye Surgeons of Indiana / Surgical Care Center is an Equal Opportunity Employer. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

FOR OFFICE USE ONLY:

DOE: _____ RATE OF PAY: _____ STATUS: _____ POSITION: _____