

Application for Employment

This practice is an Equal Opportunity Employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry, disability, or veteran status.



Munster Eye Care Associates, P.C.
759 45th Street, Suite 101, Munster, IN 46321
(219) 922-6226
munstereyecare.com

Personal Information

Date: _____ Social Security No.: _____
Full Name: _____ Other Name(s) Used _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____

Compliance Information (please circle yes or no)

Are you at least 18 years of age? Yes / No
Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes / No
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes / No
Have you served in the U.S. Military? Yes / No Branch _____ Rank at Discharge _____
Are you a present member of the National Guard or Reserves? Yes / No

General Information (please circle yes or no)

How did you hear about our employment posting? _____
Have you ever been convicted of a crime or plead "guilty" to a criminal charge? Yes / No
If yes, please specify what the offense was, where and when it occurred: _____

(Criminal convictions are not an absolute bar to employment and will only be considered in relation to job requirements.)
Have you taken illegal drugs in the last 30 days? Yes / No
Have you ever worked for this practice before? Yes / No

Friends/Relatives

If any relatives/friends are employed by this practice, please list below:

Name	Position/Location(s)	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment Interest (please circle response)

Position desired: _____ Salary desired: _____
 Date available for employment: _____ Schedule desired: Full Time / Part Time
 Can you work overtime if required? Yes / No Can you work weekends if required? Yes / No

Education and Training

School	Name and Location of School	Course of Study	Last Year Completed	Did You Graduate?	Grade Average
High					
Trade/Business					
College					
Other					

Other special training or skills (include any certifications/achievements/foreign languages):

Employment History

(List below last three employers, starting with most recent first.)

This section must be completed even if you have attached a resume.

May we contact the employers listed below: Yes / No (please circle yes or no)

If no, indicate which: _____

Employer Name:		Employed (state month and year) From: To:
Address:	Telephone No.	Rate of Pay:
Job Title/Describe Your Work:		Reason for Leaving:
Supervisor's Name:		
Employer Name:		Employed (state month and year) From: To:
Address:	Telephone No.	Rate of Pay:
Job Title/Describe Your Work:		Reason for Leaving:
Supervisor's Name:		

Employer Name:		Employed (state month and year) From: _____ To: _____
Address:	Telephone No.	Rate of Pay:
Job Title/Describe Your Work:		Reason for Leaving:
Supervisor's Name:		
<p>Do you have any commitments to any of the listed employers that would limit your activities with this practice? Yes / No</p> <p>If yes, please explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
Professional References (Include Complete Contact Information)		
Name and Relationship:	Address:	Telephone No. # Years Known:
Name and Relationship:	Address:	Telephone No. # Years Known:
Name and Relationship:	Address:	Telephone No. # Years Known:
Explain why you feel you are a good candidate for this position: _____ _____ _____ _____ _____ _____ _____		

I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. Additionally, if employed, any misrepresentation or omission of facts, whenever discovered, is cause for immediate discharge without notice. I grant permission to use any information in this application to verify my statements, and I release all parties from any and all liability from the investigation and verification of this information.

Signature _____ Date _____