

Employment Application

Received: ___/___/___

Received By: _____

Thank you for your interest in becoming a part of the Blount County Eye Center team! Please take your time in filling out this initial Employment Application. Upon completion, you may bring this application by our office and drop it off along with a copy of your current resume or you may email the completed application and your current resume to us at ContactUs@blounteye.com.

Personal Information:

“The starting place for getting to know you”

Legal Name: _____ Nickname: _____

Social Security #: _____ - _____ - _____

Current Address: _____ City: _____

State: _____ Zip: _____

Former Address: _____ City: _____

State: _____ Zip: _____

Email: _____ @ _____ . _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____ Preferred: H: _____ C: _____

Are you legally authorized to work in the US? Yes: _____ No: _____

Are you under 18 years of age? Yes: _____ No: _____

Have you ever worked for Blount County Eye Center before? Yes: _____ No: _____

Employment History:

“What kind of work experience do you bring”

Please account for the last 10 years in this section, starting with the most recent. Complete this section even if you attach your resume.

Are you currently employed? Yes: _____ No: _____ If yes, where? _____

Do you plan to continue working this job if hired here? Yes: _____ No: _____

May we contact your current employer? Yes: _____ No: _____

#1. Company Name: _____ Title: _____

Employment Dates: From: _____ To: _____ Ending Salary: _____ a (n) _____

Phone: _____ - _____ - _____ Supervisor's Name: _____

What did you do there? _____

Why did you leave? _____

What was the best lesson / skill you learned there? _____

#2. Company Name: _____ Title: _____

Employment Dates: From: _____ To: _____ Ending Salary: _____ a (n) _____

Phone: _____ - _____ - _____ Supervisor's Name: _____

What did you do there? _____

Why did you leave? _____

What was the best lesson / skill you learned there? _____

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#3. Company Name: _____ Title: _____

Employment Dates: From: _____ To: _____ Ending Salary: _____ a (n) _____

Phone: _____ - _____ - _____ Supervisor's Name: _____

What did you do there? _____

Why did you leave? _____

What was the best lesson / skill you learned there? _____

#4. Company Name: _____ Title: _____

Employment Dates: From: _____ To: _____ Ending Salary: _____ a (n) _____

Phone: _____ - _____ - _____ Supervisor's Name: _____

What did you do there? _____

Why did you leave? _____

What was the best lesson / skill you learned there? _____

Educational History:

“What areas have you been formally trained in?”

Are you currently a student? Yes: _____ No: _____ If yes, where? _____

[High School] Name: _____ Graduation Date: _____

City: _____ State: _____

Awards / Activities: _____

[College 1] Name: _____ Graduation Date: _____

City: _____ State: _____ Degree: _____

Awards / Activities: _____

[College 2] Name: _____ Graduation Date: _____

City: _____ State: _____ Degree: _____

Awards / Activities: _____

[Trade School / Special Training 1] Name: _____

Skills: _____

[Trade School / Special Training 2] Name: _____

Skills: _____

Do you have any other kinds of training or special skills that could help at this job (seminars, workshops, first aid, language, typing)?

Yes: _____ No: _____ Please explain: _____

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Your Expectations:

“What are you looking for from this job?”

What position are you applying for? _____

Salary Expectations: _____ a (n) _____ Start Date: _____

Type of employment: Full-Time: _____ Part-Time: _____ Temporary: _____

What is your schedule of availability Monday through Saturday? _____

What are you hoping to accomplish at this job? _____

Other Information:

“What are some other ways we can learn about you?”

Driver's License Number: _____ State of License: _____

Have you ever gone by another name? Yes: _____ No: _____ Name: _____

Would you need any special accommodations for the job? _____

Emergency Contact Person: _____ Relationship: _____

Phone: _____ - _____ - _____ Do you use social media? Facebook: _____ Twitter: _____ Instagram: _____

Do you know any current Blount County Eye Center staff? _____

The About You Questions:

“What makes you.....you?”

What are some of your hobbies? _____

Do you do any volunteer work? _____

What's one news story, social issue, ect. that you find yourself passionate about? _____

If you could be doing anything with your life (money aside), what would it be and why? _____

Would your high school / college GPA be reflective of your potential and why? _____

What are 5 uses for a stapler other than for stapling things?

Who is someone you look up to and why? _____

Define leadership: _____

If you could be a superhero, what super-power would you have and why? _____

Pepsi or Coke? _____

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References:

“What do others have to say about you?”

We know your family likes you (hopefully!), so please don't use them as your references. List people who have known you for a minimum of 5 years that can vouch for your character and work ethic.

[Reference 1] Name: _____ Relationship: _____

Phone: _____ - _____ - _____ Number of Years Known: _____

[Reference 2] Name: _____ Relationship: _____

Phone: _____ - _____ - _____ Number of Years Known: _____

[Reference 3] Name: _____ Relationship: _____

Phone: _____ - _____ - _____ Number of Years Known: _____

Security:

“What have you done in the past?”

Have you ever been convicted of or pleaded guilty to a crime? Yes: _____ No: _____

If yes, explain: _____

Terms of Hire:

“What does completing this application mean”

All Applicants: Please read and sign to complete your application. Your application will not be considered complete until signed.

I acknowledge that in connection with my application for employment with Blount County Eye Center, an investigative consumer report or other inquiry may be made as to my character, general reputation, personal character and mode of living. If a report is made, I have been advised further that upon written request within a reasonable amount of time, additional information as the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the office where this application is made.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information pertinent to my employment and release the same from any liability resulting from providing such information. Blount County Eye Center has my permission to make said inquiries and I hereby release Blount County Eye Center from any liability in making said request or in relying on the information received.

I understand that satisfactory reports are a condition of my employment with Blount County Eye Center. I further understand that my employment with Blount County Eye Center will be terminated if management determines that said reports are unsatisfactory.

I also acknowledge that from time to time, Blount County Eye Center may be required to submit certain information with regard to my employment or application for employment. I hereby release Blount County Eye Center, its agents, assigns and subsidiaries from any liability from submitting such information.

I acknowledge that Blount County Eye Center may request either prior to and/or after employment that I undergo drug testing and may request after an offer has been made, a medical exam. I consent and agree to any such exam, if required, now or in the future. I understand that when pre--employment drug testing is required, a satisfactory result is a condition of employment with Blount County Eye Center.

I hereby certify that all information and statements contained within this application are true.

Signature: _____ Date: _____