

Clarity Eye Care P.C.
11811 Fort Street
Omaha, NE 68164

Employment Application (please print clearly)

Name _____ SS# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Position applying for _____ Full time _____ Part time _____ Temporary _____

Salary Expectation _____ Date available to start _____

Are you currently employed? _____ Are you currently a student? _____

Are there any activities, hobbies, vacation plans, etc. that could affect your ability to work here? _____

If "yes", please explain _____

Employment History

Current or most recent employer _____ Phone _____

Address _____ City/State _____ Dates of Employment _____

Last Salary _____ Supervisor's Name _____ May we contact this employer? _____

Position Held _____ Reason for Leaving _____

Job Description _____

Previous Employer _____ Phone _____

Address _____ City/State _____ Dates of Employment _____

Last Salary _____ Supervisor's Name _____ May we contact this employer? _____

Position Held _____ Reason for Leaving _____

Job Description _____

Previous Employer _____ Phone _____

Address _____ City/State _____ Dates of Employment _____

Last Salary _____ Supervisor's Name _____ May we contact this employer? _____

Position Held _____ Reason for Leaving _____

Job Description _____

Educational Background

Name of High School _____ City & State _____

Did you graduate? _____ If "no" do you have a GED? _____

Name of College _____ City & State _____

Major Course of Study or Degree _____ Year Graduated _____

Do you have any other kind of training relevant to the position you are applying for? _____

If "yes", please describe _____

List your computer skills _____

References

List two people, not relatives or former employers, who have known you for five years.

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Years Known _____ Phone _____ Years Known _____

Other Information

Are you at least 18 years of age? _____ Driver's License # _____ State _____

Please list other names known by _____

Have you ever been convicted of a crime other than a minor traffic violation in the last 7 years? _____

If "yes", please describe _____

Are you legally eligible to work in the U.S.? _____ Document Number (if applicable) _____

Please write a brief summary detailing what assets you can bring to Clarity Eye Care _____

The applicant gives the employer the right to obtain credit information, public records, criminal records, and verify references. I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply information pertinent to my employment.

Applicant Signature _____ Date _____

For Office Use Only

Date Interviewed _____

Date Hired _____ Starting Salary _____

Date Terminated _____ Ending Salary _____

Emergency Contact

Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

Conditions Of Employment

Clarity Eye Care sets a high standard for its employees. We require compliance with these standards as a condition of employment. You need to know and understand that Clarity Eye Care will require you to:

- Meet performance standards of position.
- Work hours as scheduled and report to work on time.
- Take direction from peers and execute that direction to the best of your ability.
- Maintain a positive, enthusiastic attitude and be a cooperative member of the Clarity team.
- Train, as needed, to keep a high performance level on you job.
- Maintain a business-like, professional appearance.
- Abide by the no smoking and no visible tattoos or piercings (other than earrings) policy.

Are you able to comply with all the requirements as listed? _____

If "no" or if you have any concerns about being able to comply with any of these requirements, please explain:

I hereby state that to my knowledge all information provided on this application is factual.

Applicant Signature _____ Date _____

Staff Manager Signature _____ Date _____
