

Employment Application

*Please print clearly.

*Please respond to **All** inquires on this application completely.

*If a question does not apply to your circumstances, respond "Not Applicable" or "N/A" instead of skipping the question.

Personal Information:

Name: _____ Date: _____

Permanent Address: _____

Phone Numbers: Home: () _____ Work: () _____
Fax: () _____ Email: _____

Social Security Number: _____

Employment Desired:

Position desired: _____ Full time / Part time

Salary desired: \$ _____ (please specify amount) Desired start date: _____

Are you employed now? Yes / No If yes, where? _____

May we contact your present employer? Yes / No

Why do you wish to leave your present position? _____

Education:

	Name/Location	Course of Study
High School:	_____	_____

College: _____

Business/Technical: _____

Other: _____

Technical/Office/Medical Skills:

List all technical skills: _____

List all office skills: _____

List all medical skills: _____

Employment Record: (List last three (3) employers, starting with the most recent)

1. Employer's Name: _____ Phone: _____
Address: _____
Employed From: (Mo/Yr.) _____ To: _____ Supervisor: _____
Duties: _____
Reason for leaving: _____
Salary: \$ _____

2. Employer's Name: _____ Phone: _____
Address: _____
Employed From: (Mo/Yr.) _____ To: _____ Supervisor: _____
Duties: _____
Reason for leaving: _____
Salary: \$ _____

3. Employer's Name: _____ Phone: _____
Address: _____
Employed From: (Mo/Yr.) _____ To: _____ Supervisor: _____
Duties: _____
Reason for leaving: _____
Salary: \$ _____

References: (List three (3) personal references who are **not** relatives)

1. Name: _____ Phone: _____
Address: _____ Occupation: _____
Years acquainted: _____ Relationship: _____

2. Name: _____ Phone: _____
Address: _____ Occupation: _____
Years acquainted: _____ Relationship: _____

3. Name: _____ Phone: _____
Address: _____ Occupation: _____
Years acquainted: _____ Relationship: _____

In the space provided, explain why you would like this position: _____

Disclosure Statement

(Please read carefully before signing the application)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Mission Viejo Optometric Center to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I also authorize the above mentioned to secure financial and credit information through an appropriate agency.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. Because of amendments to the Fair Credit Reporting Act in 1997, I understand that extra procedures are required of the Mission Viejo Optometric Center. Thus, I will be notified as to those procedures if my application for employment necessitates a credit report. I further understand that any false information. Misleading statements or omission of facts will be sufficient cause for rejection of my application if the Mission Viejo Optometric Center has not employed me, and for immediate dismissal if they have employed me.

In the event of my employment with the Mission Viejo Optometric Center, I will comply with all rules, regulations, and policies set forth in the office manual or other communications distributed. I understand that this office promotes an alcohol/drug free workplace.

I understand that nothing in this employment application, in the policy statements or personnel guidelines, or in my communications with any office associate is intended to create an employment contract between the Mission Viejo Optometric Center and me. I also understand that the Mission Viejo Optometric Center has the right to modify any of its policies without giving notice of the changes to me. No promises of employment have been made to me. I acknowledge that the Mission Viejo Optometric Center employs individuals under the employment-at-will doctrine and that this is not subject to any changes. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that the Mission Viejo Optometric Center retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

Signature

Date

Print Name

- We are an equal opportunity employer, and do not discriminate in any employment practice on the basis of race, religion, sex, age, national origin, marital status, veteran's status or disability. No question on this application is intended to secure information that could be of a discriminatory nature.



Mission Viejo Optometric Center

27724 Santa Margarita Parkway
Mission Viejo, CA 92691
www.mvoptometric.com
(949) 583-0422, (949) 583-0417 fax