

# Application for Employment With Community Eyecare, Inc.

Please fill out form completely for employment consideration. Print and fax or mail when completed.

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.*

## Personal Information

Last Name	First	Middle	Date
Street Address		Home Phone ( )	
City, State, Zip		Email Address:	
Are you over 18 years of age? Yes No If not, employment is subject to verification of minimum legal age.		Have you ever applied for employment with us? Yes No If Yes: Month and Year _____ Location _____	
How did you learn of our organization?		Are you legally eligible for employment in the United States? When will you be able to work?	
Are you employed now?		If so, may we inquire of your present employer?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If Yes, describe in full.			
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? Yes No If Yes, please explain.			
Driver's License#	State	Social Security Number	

## Education

School	Name and location of school	Course of Study	No. of years completed	Did you graduate?	Degree or diploma
College				Y N	
High				Y N	
Trade				Y N	
Other				Y N	

## Military

Complete this section if you served in the U.S. Armed Forces	Branch of Service: _____ Rank: _____
	Period of Active Duty (Month & Year) From: _____ To: _____

**Employment History** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.

Company Name Telephone

( ) -

Address Employed (Start Month and Year)

From To

Name of Supervisor Hourly Rate

Start Last

Start Job Title and Describe Your Work Reason for Leaving

2.

Company Name Telephone

( ) -

Address Employed (Start Month and Year)

From To

Name of Supervisor Hourly Rate

Start Last

Start Job Title and Describe Your Work Reason for Leaving

3.

Company Name Telephone

( ) -

Address Employed (Start Month and Year)

From To

Name of Supervisor Hourly Rate

Start Last

Start Job Title and Describe Your Work Reason for Leaving

4.

Company Name Telephone

( ) -

Address Employed (Start Month and Year)

From To

Name of Supervisor Hourly Rate

Start Last

Start Job Title and Describe Your Work Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact

Employer Number(s) \_\_\_\_\_

Reason \_\_\_\_\_

**References:** Give below the names of three persons not related to you, whom you have known at least one year.

Name Address Business Years

Acquainted

1.

2.

3.

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

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Date Signature

**Please complete and mail or fax a copy of this form to:**

Community Eyecare, Inc

1255 Appleton Road

PO BOX 534

Menasha, WI 54952

Phone (920) 722-6872

Fax(920) 722-6335

[www.communityeye.com](http://www.communityeye.com)