



MARYLAND
EYE ASSOCIATES

Application for Employment

We consider application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Last Name _____ First Name _____ MI _____

Address _____

Contact Number _____ Social Security Number _____ - _____ - _____

Best Time to Contact You is at _____ am pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment

Date available to work _____ What is your desired salary range? _____

This position is Full-Time. Are you able to work full-time? Yes No

This position requires travel. Are you able to travel? Yes No

Name of High School _____ Graduate with a Diploma GED

Undergraduate College _____ Course of Study _____

Degree Yes No

Graduate Professional _____ Course of Study _____

Degree Yes No

Describe any specialized training and/or skills you possess

Describe any job-related training received in the United States military

Employment Experience

1. Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed _____ to _____
Hourly Rate/Salary _____ Starting _____ Final _____
Work performed _____

2. Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed _____ to _____
Hourly Rate/Salary _____ Starting _____ Final _____
Work performed _____

3. Employer _____
Address _____
Telephone Number _____
Job Title _____ Supervisor _____
Reason for Leaving _____
Dates Employed _____ to _____
Hourly Rate/Salary _____ Starting _____ Final _____
Work performed _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

REFERENCES

- 1. Name _____ Phone # _____
Type of Reference _____
- 2. Name _____ Phone# _____
Type of Reference _____
- 3. Name _____ Phone# _____
Type of Reference _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

Date _____