

Clear View Optometry Employment Application

As an equal opportunity employer, Clear View Optometry makes employment decisions based on qualifications and merit, without discrimination with regard to race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, veteran status, and any other legally protected category under national or local laws.

Date of Application _____ Date you can start _____

Are you willing to work evenings? Yes No Weekends? Yes No

Our normal business hours are Mon-Fri from 9am-8pm, Sat 9am-6pm and Sun 10am-6pm. Please list your availability for each day:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start							
End							

Personal Information				
Last Name	First Name	Middle	Have you worked under any other names? If so, _____	
Type of Employment Desired: Full Time Part Time Temp		Telephone		Email Address
Present Street Address		City	State	Zip Code How long at this address?
Previous Street Address		City	State	Zip Code How long at this address?
Are you legally authorized for employment in the U.S.? Yes No			VISA status (if applicable)	
If you are under the age of 18, please state your age:		Do you have relative(s) working for Clear View Optometry? If so, please list: _____		
Have you ever been convicted of a felony? Yes No If yes, please explain:				
Have you ever been terminated from a previous job? Yes No If yes, please explain:				
Salary Requirement?				
Please tell us a little bit about yourself and why you decided to apply for this position.				

Employment Experience				
From	To	Employer	Telephone	
Job Title		Address	City	State
Immediate Supervisor	Summarize the nature of the work performed and job responsibilities			
Reason for leaving			May we contact for reference? Yes No	
From	To	Employer	Telephone	
Job Title		Address	City	State
Immediate Supervisor	Summarize the nature of the work performed and job responsibilities			
Reason for leaving			May we contact for reference? Yes No	
From	To	Employer	Telephone	
Job Title		Address	City	State
Immediate Supervisor	Summarize the nature of the work performed and job responsibilities			
Reason for leaving			May we contact for reference? Yes No	

Education and Training					
Type of school	Name of School	City, State	Graduated	Number of years attended	Type of degree/area of study
High School			Yes No		
College			Yes No		
Other			Yes No		
List any academic and professional activities and achievements, publications or technical-professional societies. Exclude organizations that indicate race, color, religion, sex, national origin, age, disability, marital status, or sexual orientation of its members.					
List any special skills or training?					
Language Skills?					

Professional References			
Name and address	Title/Company	Telephone	Number of years known

Please Read This Statement Carefully

I understand that this application is not a contract, offer, or promise of employment. By completing this application, I certify that I am interested in working for Clear View Optometry and I understand that an offer of employment may be contingent upon receipt of satisfactory reports and verification of the pre-employment information I have supplied. I acknowledge that my employment with Clear View is on an at-will basis. I am free to terminate my employment with Clear View at any time and for any reason. Similarly, Clear View is free to terminate the employment relationship at any time, with or without cause or advance notice. Acceptance of employment with Clear View should not be considered a contract of employment for any specified period of time. I understand that neither this document nor any other documents or letters received during my employment with Clear View constitute an employment contract.

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information from this application may result in denial of employment, or if employed, my immediate termination, regardless of when discovered.

I authorize all persons, investigative agencies, schools, companies, credit bureaus, and law enforcement agencies to supply Clear View and/or its agents with an investigative consumer report containing any information about my background. I authorize the investigation to include inquiries regarding my creditworthiness or similar characteristics, character, general reputation, personal characteristics, employment and educational background, and any criminal record, whichever may be applicable, for employment purposes.

If hired, this document shall remain on file and serve as an ongoing authorization for reporting agencies to obtain investigative consumer reports at any time during my employment with Clear View. I hereby release all involved in obtaining, providing, interpreting, and/or utilizing any investigative consumer report from any and all claims and damages of any kind whatsoever.

I understand that Clear View may now have, or may establish a drug-free workplace or drug and/or alcohol testing program, and I agree to work under those conditions established by Clear View for a drug-free workplace, consistent with applicable federal, state, and local laws. I understand that if a pre-employment/post offer drug and/or alcohol test is positive, the employment offer may be withdrawn. If employed, I understand that the taking of drug and/or alcohol tests is a condition of continued employment.

By signing this application, I certify that I understand all of the questions and statements above.

Signature of Applicant

Date