C&S Optometric Services, PLLC
Application for Employment

C&S Optometric Services, PLLC does not discriminate in any employment practice on the basis of race, religion, sex, age, marital status, national origin, veteran's status, or disability. No question on this application is intended to secure information that could be of a discriminatory nature.

PLEASE PRINT

Name_____ Date_____
Last First Middle

Telephone: Home (____)_____ Work (____)_____ Cell (____)_____

Social Security Number_____ Driver's License Number_____

Email _____

☐ YES ☐ NO Are you currently employed?

☐ YES ☐ NO May we contact your present employer?

☐ YES ☐ NO Are you legally eligible to work in the United States?

☐ YES ☐ NO Have you ever been convicted of a felony (voluntary answer)?

☐ YES ☐ NO Are you available to work evenings and weekends?

Date you are available to begin work_____ Salary Requested _____/hr

Do you speak any languages other than English (list – voluntary answer)_____

Describe any specialized training that you feel might better qualify you for this position

_____

_____

_____

_____

_____

RECORD OF EMPLOYMENT

Please list previous employers starting with the most recent

Company	Employed from to
City / State	Telephone ( )
Supervisor	Salary: Starting Ending
Job Duties	Reason for Leaving

Company	Employed from to
City / State	Telephone ( )
Supervisor	Salary: Starting Ending
Job Duties	Reason for Leaving

Company	Employed from to
City / State	Telephone ( )
Supervisor	Salary: Starting Ending
Job Duties	Reason for Leaving

Company	Employed from to
City / State	Telephone ( )
Supervisor	Salary: Starting Ending
Job Duties	Reason for Leaving

RECORD OF EDUCATION

SCHOOL	NAME OF SCHOOL	DATES ATTENDED	DIPLOMA OR DEGREE RECEIVED
High School			
College			
Other			

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

Name	Phone Number	Occupation

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I understand that consideration of this application in no way implies a contract of employment. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. At any time during the first ninety (90) days of my employment, my position may be terminated with compensation paid through the last day worked.

I understand that C&S Optometric Services, PLLC promotes a drug/alcohol free workplace and agree to abide by the guidelines established in the Policy and Procedure Manual. I understand that as a condition of my employment, I may be required to undergo screening for illegal drugs and hereby give my consent for that testing. My refusal to submit to testing will result in my application being rejected or my employment being terminated.

I certify that the answers given in this application are true and accurate to the best of my knowledge. I understand that any false information, misleading statements, or omission of facts is sufficient cause for rejection of my application if C&S Optometric Services, PLLC has not employed me and immediate termination if C&S Optometric Services, PLLC has employed me.

In the event of my employment with C&S Optometric Services, PLLC I will comply with all rules, regulations, and policies set forth in the Policy and Procedure Manual or other policies communicated to me.

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

_____ _____

Signature of Applicant Date