



APPLICATION OF EMPLOYMENT

Virginia Eye Institute is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment in any manner prescribed by law. Please answer each question completely and read carefully before you sign this application (incomplete applications will not be considered).

PERSONAL INFORMATION

Name: _____ SSN: _____ - _____ - _____

List any names you have previously worked under: _____

Address: _____

Street
City
State
Zip Code

Home Phone: () _____ Work Phone: () _____

Are you eligible to work in the United States? Yes No (must provide proof upon employment)

Have you ever been employed at VEI? _____ When _____ Position _____

Have you ever been interviewed by VEI before? _____ If yes, when _____

EMPLOYMENT DESIRED

Position: _____ Status (circle one): Full Time Part Time

Start Date: _____ Referred By: _____ Salary Desired: _____

EDUCATION

	Name & Location	Number of years attended	Did you graduate?	Subjects studied
High School or GED				
College				
Graduate School/Other				

Briefly state any skills you have that are applicable to the position in which you are applying (i.e. computer skills, typing speed, phone etiquette, software, shorthand, customer service, etc).

Briefly state why you would like to work for the Virginia Eye Institute.

EMPLOYMENT HISTORY

Current & Former Employers (List below the last three employers, starting with the most recent one first)

Date Month & Year	Name/Address of Employer	Salary	Position Title & Supervisor	Reason for Leaving
From				
To				
From				
To				
From				
To				

Are you currently employed? _____

How much time have you missed from work during the past 12 months? _____

Have you ever been discharged from any position? _____ If yes, please explain _____

Have you ever been found guilty of a felony or misdemeanor? _____

If yes, please explain _____

(If you answer yes, this does not automatically exclude you from consideration of employment)

May we contact your present employer? Yes No If yes, please give name and phone number _____

Please explain any gaps in your employment history _____

HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with the Virginia Eye Institute. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO If Yes, please explain.

PERFORMANCE OF JOB FUNCTIONS

Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation?

YES NO

REFERENCES

(Give the names of three work references not related to you, whom you have known for at least one year)

Name	Phone Number	Business/Position	Years Known

Applicant's Certification and Acknowledgement

In consideration of my employment, I hereby agree and acknowledge the following: I agree to conform to the Company's rules and regulations as they may be issued or modified from time to time. I understand that my employment and compensation (if hired) is not for a definite period of time and may, regardless of the date of payment of my wages or salary, be terminated with or without cause, and with notice, at any time, at my option or the option of the Company. I further understand that no recruiter, interviewer, or other representative of the Company, other than the Administrator, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I agree that any employment handbooks or manuals that may be distributed to me during the course of my employment shall not be construed as a contract or contract by implication. This is not an employment contract. Accordingly, either the Virginia Eye Institute or the associate can terminate the employment relationship at will according to state law, with or without cause, at anytime, so long as there is no violation of state and federal law.

I understand that this application of employment will be considered for only thirty (30) days. At the end of that time, if I still wish to be considered for employment, it will be necessary for me to complete a new application for employment.

I certify that the information contained in the Application of Employment is correct and complete to the best of my knowledge, and I understand that falsification, misrepresentation, or omission of facts called for in this application, even if such falsifications are discovered years later, is grounds for disqualification from further consideration or will result in termination of my employment without notice.

Print Name

Signature

Date

Drug and Alcohol Testing

I understand that I may be required to participate in blood and/or urine testing for alcohol, chemical dependency or other substance abuse for "just cause," which may include involvement in job-related accidents, suspicious behavior, change in job performance, etc. I consent to administration of such testing. I understand that in the event that I refuse to consent to such a test or violate the Company's drug and alcohol policy, or test positive for substance abuse or chemical dependency, my employment may be terminated without notice. Accommodation will be made for the use of legally prescribed medication taken under the direction of a physician.

Print Name

Signature

Date

Applicant's Background Investigation

By signing the statement below, I acknowledge that the Virginia Eye Institute, including independent reporting or investigation agencies (hereinafter referred to collectively as the Company), may conduct a "Background Investigation" that may include without limitation, a criminal history and criminal records check, investigation of my personal character, habits, work record, etc.; and verification of the information provided verbally by me and/or in the Application for Employment. Accordingly, I hereby authorize the Company to conduct a complete Background Investigation of me and authorize the company to contact and discuss my background with any persons or organization including but not limited to the references listed in my Application of Employment, any former employer, person, firm, corporation or government agency (hereafter referred to as the "Information Providers"). I further authorize all Information Providers to give the Company any and all pertinent information that they may have, personal or otherwise, and I hereby release the Company for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of the referenced Background Investigation. I authorize all Information Providers to treat a photocopy of this Statement as though it is the original executed copy.

Print Name

Signature

Date