

APPLICATION FOR EMPLOYMENT

Eye Centers of Florida, PA

Position Desired: _____ Full time Part Time Date: _____

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and "at-will."

By signing below, I certify that all of the information that I provide on this application and in any interview will be true, complete and accurate in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term "consumer report" includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports, and investigative consumer reports. I further understand that the term "investigative consumer report" means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date _____ Signature of Applicant _____

PERSONAL DATA

Name _____ Social Security No. _____
 (Print) Last First Middle

Present Address _____ How long have you lived there? _____
 Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No
 If Yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No
 If Yes, Name: _____ Relationship: _____

Are you under any type of agreement or contract that restricts your ability to work for this company in any of its locations?
 Yes No

If Yes, please provide a copy of the agreement or contract.

SMOKING POLICY

Effective December 1, 2009 Eye Centers of Florida will require that individuals eligible for hire must not have used tobacco products for at least six months prior to the date of hire. This includes, but is not limited to cigarettes, cigars, pipes, and chewing tobacco. Individuals who are hired on or after December 1, 2009 and start using tobacco products after hire may be subject to termination of employment. This includes single or isolated use of tobacco products.

I have used tobacco products in the past six months

I have not used tobacco products in the past six months

Printed Name _____

Signature _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

| | | | | |
|---|---|--|---|------------------------------------|
| Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | <u>Employed</u> From (mo/yr) _____ To (mo/yr) _____ | <u>Pay</u> Start \$ _____ Final \$ _____ | <u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____ | <u>Reason for Leaving</u> _____ |
| Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | <u>Employed</u> From (mo/yr) _____ To (mo/yr) _____ | <u>Pay</u> Start \$ _____ Final \$ _____ | <u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____ | <u>Reason for Leaving</u> _____ |
| Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | <u>Employed</u> From (mo/yr) _____ To (mo/yr) _____ | <u>Pay</u> Start \$ _____ Final \$ _____ | <u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____ | <u>Reason for Leaving</u> _____ |
| Present or Past Employer _____ Address _____ City, State, Zip Code _____ Telephone _____ | <u>Employed</u> From (mo/yr) _____ To (mo/yr) _____ | <u>Pay</u> Start \$ _____ Final \$ _____ | <u>Your Title or Position</u> _____ <u>Name and Title of Last Supervisor</u> _____ | <u>Reason for Leaving</u> _____ |

List all other employers you have had that are not listed above _____

Have you ever been terminated, resigned in lieu of termination, or asked to resign from any job? Yes No If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No

If no, please explain: _____

Note: If you are offered employment, we will require that we receive employment information from your current employer as a condition of any offer.

Have you ever used another name? Yes No _____

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year _____

Number of days _____

Year _____

Number of days _____

Year _____

Number of days _____

PREVIOUS EXPERIENCE

Please describe any experience you have which you feel would assist you in performing the job for which you are applying.

EDUCATION

| School Name | Years Completed: (Circle) | Diploma or Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills, and Extra-Curricular Activities |
|-------------------------|------------------------------|-------------------|-----------------------------------|--|
| Elementary | 4 5 6 7 8 | | | |
| High School | 9 10 11 12 | | | |
| College / University | 1 2 3 4 | | | |
| Graduate / Professional | 1 2 3 4 | | | |
| Trade / Correspondence | | | | |
| Other | | | | |

PERSONAL REFERENCE

Please list persons who know you well -- not previous employers or relatives

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|-------------------------------------|------------------|-----------------------|
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DRIVING INFORMATION (complete only if driving is an essential function of the job for which you are applying)

Do you have a current driver's license? Yes No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company: _____

Has your personal automobile insurance ever been cancelled? Yes No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

| Offense | Date | Location | Offense | Date | Location |
|---------|------|----------|---------|------|----------|
| | | | | | |
| | | | | | |

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date Signature of Applicant

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY, OR NATIONAL ORIGIN.

Applicant Name: _____ Position Applied For: _____

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld or prosecution deferred? Yes No

If Yes, please give date and details of each: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please give the date(s) and details: _____

Have you ever been a defendant in a civil suit on an intentional tort (assault, battery, false imprisonment, invasion of privacy, intentional infliction of emotional distress, intentional wrongful death)? Yes No

If Yes, provide details: _____

NOTE: Answering "Yes" to the above questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

By signing below, I certify that all of the information that I provide on the original application, in this supplement, and in any interview will be true, complete and accurate in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

Signature of Applicant Date

EYE CENTERS OF FLORIDA

Voluntary Self-Identification

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. The information below will be used only in the compilation of data for EEO reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

| | |
|---|-------------|
| Name: _____ | Date: _____ |
| Position Applied: _____ | _____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ |

Self-Identification:

| | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan | A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment |
| <input type="checkbox"/> Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| <input type="checkbox"/> Black or African American | A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." |
| <input type="checkbox"/> Hawaiian or Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands |
| <input type="checkbox"/> Hispanic or Latino (all races) | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race |
| <input type="checkbox"/> Hispanic or Latino (white races only) | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race. |
| <input type="checkbox"/> Hispanic or Latino (all other races) | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White. |
| <input type="checkbox"/> White | A person having origins in any of the original peoples of Europe, North Africa, or the Middle East |
| <input type="checkbox"/> Unknown | |

Personal and Confidential

