

# Application For Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name \_\_\_\_\_ Date \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Desired \_\_\_\_\_ Expected Salary Range \$ \_\_\_\_\_ per hour

Type of Employment Desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary

Date you will be available to start work: \_\_\_\_\_

Do you have any objection to working overtime if necessary? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you travel if required by this position? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been previously employed by our organization? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you worked under another name in the past five years? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been arrested or convicted of a crime or felony more serious than a minor traffic violation? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain (an arrest or conviction will not automatically bar employment):  
\_\_\_\_\_

List any relatives in our employ: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

## Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Job Summary: \_\_\_\_\_

How many hours worked per week did you average? \_\_\_\_\_

Were you paid for overtime hours over 40 hours worked? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor for a reference? \_\_\_\_\_ yes \_\_\_\_\_ no

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Job Summary: \_\_\_\_\_

How many hours worked per week did you average? \_\_\_\_\_

Were you paid for overtime hours over 40 hours worked? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor for a reference? \_\_\_\_\_ yes \_\_\_\_\_ no

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Immediate supervisor and title \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary \$ \_\_\_\_\_

Job Summary: \_\_\_\_\_

How many hours worked per week did you average? \_\_\_\_\_

Were you paid for overtime hours over 40 hours worked? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your supervisor for a reference? \_\_\_\_\_ yes \_\_\_\_\_ no

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## Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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Please check any of the following skills that you may possess:

- MEDIC
- EXCEL
- WORD
- WORD PERFECT
- BILINGUAL (SPANISH)

If you are applying for an ophthalmic tech position, please indicate which skills you possess:

- SCRUB
- LASIK
- REFRACTING
- GDX
- FIELDS
- SCRIBE W/ DOCTOR
- ASCAN
- PHOTOS

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## Educational History

List school name and location, years completed, course of study, and any degrees earned:

	Years Completed	Did You Graduate?
High School: _____	1 2 3 4	___ yes ___ no
College: _____	1 2 3 4	___ yes ___ no
Technical Training: _____	1 2 3 4	___ yes ___ no
Other: _____	1 2 3 4	___ yes ___ no

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I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that this is a drug free work place and that I will be required to take a drug test.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I authorize the potential employer to perform a background check of my credit history, criminal history, and driving history. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have received and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization to Release Information**

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

*As an applicant for a position with Jonathan M. Frantz, M.D., PA, I have been asked to furnish information for use in reviewing my employment background and qualifications. In this connection, I hereby authorize Jonathan M. Frantz, M.D., P.A. to investigate my past work history and education to ascertain any and all information that may be pertinent to my employment qualifications. I agree to cooperation in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Reference Verification**

*(Employer Only)*

Employer: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Verification by: \_\_\_\_\_ Title \_\_\_\_\_

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Employment Dates: From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Income when he/she left: Salary \$ \_\_\_\_\_  Hr.  Annual

Describe job duties: \_\_\_\_\_

Positions supervised, if any: \_\_\_\_\_

How did employee meet performance expectations:  Excellent  Satisfactory  Needs improvement

Attitude:  Excellent  Satisfactory  Needs improvement

Motivation:  Excellent  Satisfactory  Needs improvement

Dependability:  Excellent  Satisfactory  Needs improvement

Major strengths: \_\_\_\_\_

Weak points: \_\_\_\_\_

Performance compared to others: \_\_\_\_\_

Relationship with supervisors/peers/ancillary staff: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Would you re-employ him/her if you had a suitable opening?  Yes  No

**Please fax back to (239) 274-0388**