

Employment Application Form

**PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE**



**CLARUS
EYE CENTRE**
345 College Street SE, Suite C
Lacey, WA 98503
(360) 456-3200

OFFICE USE ONLY:

Date received: _____

Reviewed by: _____

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____-_____-_____

Telephone (____) _____

Are you under age 18 YES NO, if "YES", can you provide proof of your eligibility to work? ____YES____NO

Are you currently authorized to work in the United States? YES NO. Proof of eligibility will be required if hired.

Position applied for (1) _____
 and wage desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				



APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

ADMINISTRATIVE POSITIONS ONLY

Personal Computer Yes No PC Mac Word Processing Yes No Spreadsheet/Database Yes No
10-Key Yes No Other _____
Skills _____

Please list two references other than relatives.

Name _____ Name _____
Position _____ Position _____
Company _____ Company _____
Address _____ Address _____
Telephone () _____ Telephone () _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

[Empty space for elaboration]



APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	
		From To	
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied Yes No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

PLEASE READ CAREFULLY



APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Clarus Eye Centre, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment,____or to confer any right to remain an employee of Clarus Eye Centre, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,____and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company.____Both the undersigned and Clarus Eye Centre may end the employment relationship at any time, without specified notice or reason.____If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits._____

I authorize investigation of all statements contained in this application.____I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact._____

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.____Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act._____

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party._____

Signature of applicant_____ **Date:** _____

<p>Clarus Eye Centre is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Clarus Eye Centre depends solely on your qualifications.</p>

Thank you for completing this application form and for your interest in our business.