

Employment Application

In Focus Eyecare

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			- IPP										
Full Name:							Date:						
	Last First												
Address:	Street Addr	ddress					Apartment/Unit #						
Phone: (City			F-n	nail Addres	s.	Sta	ate	ZIP Code)			
Date Availab	ر ام	Social	Security No.:				Desired S Must ind	Salary:	\$ Dollar Amt.	roquirod			
		Gociar	Security No				wustinu		Donar Antt.	requireu			
Position App			YES	NO	16		la la lui a al dia si			YES			
		United States?	YES				horized to v	Nork in th	ie U.S.?				
		for this company?			lf yes, wh	en?							
Have you ev	er been co	onvicted of a felony?											
lf yes, explai	n:												
				Edu	cation								
High School:			Ad	dress									
From:	0	To:	Did you grad	duate?	P		Degree:						
College:			Ad	dress									
From:	3	To:	Did you grad	duate?	P		Degree:						
Other:			Ad	dress									
From:		To:	Did you grad	duate?	P		Degree:						
				Refe	erences								
Please list tl	hree profe	ssional references											
Full Name:					Relations	hip:							
Company:							Phone:	()				
Address:													
Full Name:					Relations	hip:							
Company:							Phone:	()				
Address:													
Full Name:					Relations	hip							
Company:							Phone:	()				
Address:													

Previous Employment									
Company:					Phone:	()		
Address:				S	upervisor:				
Job Title:		Starting Salar	/: \$			Ending	Salary:	\$	
Responsibilities:									
From:	То:	Reason for Leaving	g:						
May we contact your pre	vious supervisor for a	reference?		NO					
Company:					Phone:	()		
Address:				S	upervisor:				
Job Title:		Starting Salar	/: \$			Ending	Salary:	\$	
Responsibilities:									
From:	To:	Reason for Leaving							
May we contact your pre	vious supervisor for a	reference?	s]						
Company:					Phone:	()		
Address:				S	upervisor:				
Job Title:		Starting Salar	/: \$			Ending	Salary:	\$	
Responsibilities:									
From:	To:	Reason for Leaving	g:						
May we contact your pre	vious supervisor for a	reference?							
		Military Sei	vice						
Branch:					From:		To:		
Rank at Discharge: Ty				ype of Discharge:					
If other than honorable, explain:									
		Disclaimer and	Signa	ture					

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:	