

# HYDE EYECARE

## Employment Application

Date: \_\_\_\_\_

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Preferred
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Date of Birth	
What days and hours would you be available to work?			
Are you available to work on Saturdays?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have insurance (i.e. through your spouse) or do you need insurance?			
What realistic starting salary do you want?		What realistic salary do you wish to obtain in your career?	
If you received a bonus, what would you do with it?			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Who will keep your child(ren) if you are sick? <input type="checkbox"/> Not Applicable			
Is your transportation reliable?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you wear GLASSES <input type="checkbox"/> or CONTACTS <input type="checkbox"/> ?		When was your last eye exam and with whom?	

<b>EDUCATION</b>			
<b>High School</b>		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Other</b>		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>REFERENCES</b>	
<i>Please list two professional references.</i>	
<b>Full Name</b>	Relationship
Company	Phone (    )
Address	
<b>Full Name</b>	Relationship
Company	Phone (    )
Address	

**CURRENT / PREVIOUS EMPLOYMENT**

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your current/previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Check here if this is a current employer: <input type="checkbox"/>
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your current/previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Check here if this is a current employer: <input type="checkbox"/>
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your current/previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			Check here if this is a current employer: <input type="checkbox"/>

**GENERAL QUESTIONS**

Why should we hire you to become a part of our team?

Where do you donate your free time (i.e. charitable, church, hobbies, etc.)?

What would you do if you discovered a coworker was stealing money or products?

What makes a perfect work environment?

**DISCLAIMER AND SIGNATURE**

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 \_\_\_\_\_