



mountainvieweye

Basic Information

Name

Last: _____ First: _____ MI: _____

Address

Street: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: _____ Please circle one: Cell Home work

Position Information

Position applying for: _____

Date available to work: _____ Please circle: Full time Part time Casual

Salary desired: _____ Have you applied for this position before? Yes No

Have you applied for any position at Mountain View Eye? Yes No

Do you have the right to legally work in the U.S.? Yes No

Are you 18 years of age or older? Yes No

Have you ever been convicted of an offense other than a minor traffic violation? _____

If yes, please explain: _____

Education Background

| | Name and location of school | Did you graduate? | Major |
|--------------------------|-----------------------------|-------------------|-------|
| High School | | | |
| Business or trade school | | | |
| College | | | |
| Graduate school | | | |

Subjects of special study/research, work, or special training/skills:

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|--------------------------------|------|
| U.S. Military or Naval service | Rank |
|--------------------------------|------|

References

Please give a list of three people NOT related to you, whom you have known at least a year.

| Name | Phone Number | Relationship to you | Years known |
|------|--------------|---------------------|-------------|
| | | | |
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Employment History

Please put in dated order starting with most recent first.

| | | | | | | | | | |
|---|--|--|------------|--|------------------|----------------|--|--|--|
| Name of Employer | | | | | Telephone | | | | |
| City/State | | | Supervisor | | | May we contact | | | |
| Dates of Employment Mo. Year TO Mo. Year | | | | | Your Job Title | | | | |
| Starting Salary | | | | | Responsibilities | | | | |
| Final Salary | | | | | | | | | |
| Reason for leaving | | | | | | | | | |
| Name of Employer | | | | | Telephone | | | | |
| City/State | | | Supervisor | | | May we contact | | | |
| Dates of Employment Mo. Year TO Mo. Year | | | | | Your Job Title | | | | |
| Starting Salary | | | | | Responsibilities | | | | |
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| Dates of Employment Mo. Year TO Mo. Year | | | | | Your Job Title | | | | |
| Starting Salary | | | | | Responsibilities | | | | |
| Final Salary | | | | | | | | | |
| Reason for leaving | | | | | | | | | |

Authorization

I _____ certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature _____ Date _____

Upon completing this application please attach this PDF along with your resume, etc. and email to JKD_mountainview@yahoo.com and Bking486@yahoo.com