

APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire

PERSONAL INFORMATION

Date: _____

Name: _____

Present Address: _____
Street City

State Zip How long have you lived at this address? _____

Telephone #1: _____ Telephone #2: _____

Social Security Number: _____ Are you 18 years old or older? _____

Are you legally eligible for employment in the United States? _____

Have you ever been convicted of a crime? If so, when, where and nature of offense? _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where: _____ When: _____

Referred By: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS AT-TENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar school	_____			

High School	_____			

College	_____			

Trade, business or correspondence school	_____			

GENERAL

Subjects of special study or research work: _____

What special work experiences have you had? _____

U.S. Military or Naval Service: _____ From: _____ To: _____ Date Discharged: _____

Rank & Duties: _____

Present Membership in National guard or reserves? _____

PRIOR EMPLOYMENT

(Start with most recent employer)

Employer	Phone	From:	To:
Address		City, State, Zip	
Duties:		Supervisor's Name:	
Reason for Leaving:		Starting Salary/Wages:	
		Final Salary/Wages:	

Employer	Phone	From:	To:
Address		City, State, Zip	
Duties:		Supervisor's Name:	
Reason for Leaving:		Starting Salary/Wages:	
		Final Salary/Wages:	

Employer	Phone	From:	To:
Address		City, State, Zip	
Duties:		Supervisor's Name:	
Reason for Leaving:		Starting Salary/Wages:	
		Final Salary/Wages:	

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Years known	Telephone

In Case of
Emergency notify: _____
Name Address Telephone

The above information is true and complete to the best of my knowledge. Should I be employed by Great Lakes Eye Care, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Great Lakes Eye Care has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Great Lakes Eye Care.

I understand this application does not constitute an employment contract of any kind. Should I be employed by Great Lakes Eye Care, I may resign such employment at any time at my discretion with or without prior notice and Great Lakes Eye Care may terminate my employment at any time at their discretion, with or without cause and with or without prior notice. I also understand that my supervisor has no authority to change this at-will relationship. This constitutes the entire agreement concerning potential employment with Great Lakes Eye Care

Date: _____ Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

<p>SUMMARY OF INTERVIEW: _____</p> <p>_____</p> <p>_____</p> <p>Accepted for employment: <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____</p> <p>Starting Rate \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week Scheduled to start work: ____ / ____ / ____</p> <p>Interviewed by: _____ Date: ____ / ____ / ____</p>
--