

Marion Eye Center & Optical LTD

Employment Application

			App	licant	Informat	ion							
Full Name:									Date: _				
Address:	Last			First			M.I.						
7.taa.000.	Street Address					Apartment/Unit #							
	City						Sta	ite	Z	IP Code			
Phone: ()			E-n	nail Addres	s:							
Date Available: Social Security No.:					Desired Salary: \$								
Position App	olied for:												
Are you a citizen of the United States? YES NO The state of the United States? YES NO The state of the United States? YES NO The state of the United States?								NO					
Have you ever worked for this company?													
Have you ev	er been co	envicted of a felony?	YES	NO									
If yes, expla	in:												
				Edu	ıcation								
High School	l:		Ad	dress									
From:		То:	Did you grad	duate?	YES	NO	Degree:						
College:			Ac	dress		NO							
From:		То:	Did you grad	duate1	YES	NO	Degree:						
Other:			Ac	dress		NO							
From:		То:	Did you grad	duate'	YES	NO	Degree:						
				Refe	erences								
Please list t	three 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 Emplo	yme	3111						
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	To:	Reason for Leaving:								
May we contact your pr	evious superviso	or for a reference?		NO						
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:		NO						
May we contact your pr										
Company:				Phone:	()				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endir	ng Salary:	\$			
Responsibilities:										
From:	To:	Reason for Leaving:								
May we contact your pr	evious superviso	or for a reference?		NO						
		Military Serv	ice							
Branch:				From:		To:				
Rank at Discharge: Ty				pe of Discharge:						
If other than honorable, explain:										
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	:				