

# Willcockson Eye Associates, P.C. & The Spectacle Shop, L.L.C.

## Application for Employment

**Personal Information.** Print all answers, accurately and completely. Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Phone number: Home \_\_\_\_\_ Business \_\_\_\_\_ Are you 18 years old or older? Yes / No

Are you either a U.S. Citizen or an Alien authorized to work in the United States?: Yes / No

**Employment Desired** (Must fill in desired amount)

Position applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary/wage desired: \_\_\_\_\_

Are you employed now?: \_\_\_\_\_ If Yes, may we inquire of your present employer? \_\_\_\_\_

Are you related to any officer or employee of this company? \_\_\_\_\_ If Yes, whom? \_\_\_\_\_

Are you applying for \_\_\_\_\_ full time, \_\_\_\_\_ part time, or \_\_\_\_\_ temporary?

Education Record	Name and Location	# of Years attended	Did you graduate?	Degree
High School				
College/Trade School				
Other				

**General**

List professional certificates and achievements: \_\_\_\_\_

What foreign languages do you speak? \_\_\_\_\_ Special skills: \_\_\_\_\_

U.S. Military Service?: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? Please explain \_\_\_\_\_

**Remarks** Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. You may attach a separate page or pages.

**References**  
Give the names of three persons (not relatives or employers) to contact who are acquainted with your work history.

Name, Address and Phone number	Present Business/Occupation	Years Acquainted
1 _____ _____ _____ Phone: ( ) -		
2 _____ _____ _____ Phone: ( ) -		
3 _____ _____ _____ Phone: ( ) -		

**Former Employers** (List below the last three employers, starting with the most recent one first)

Date Month & Yr	Name and Address of Employer (include immediate supervisor's name)	Salary	Position & Duties	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				

Which of these jobs did you like the best?: \_\_\_\_\_

What did you like most about this job?: \_\_\_\_\_

**Unemployed Intervals**

Date Month & Yr	State what you were doing	Name & Phone of person who can confirm (Unrelated to you)
From:		
To:		
From:		
To:		

**General**

Can you perform all of the essential functions of the position for which you are applying with or without accommodation?

Yes / No If No, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes / No If Yes, give details: \_\_\_\_\_

In case of emergency, please contact:

Name	Address	Phone

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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I further authorize a background investigation including prior employers, education, and criminal record. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause. I also understand that South Dakota is an "At Will" state and that my employment is "at will" and that I or the Clinic may terminate the employment relationship at any time, for any reason.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature

Willcockson Eye Associates, P.C. and The Spectacle Shop, L.L.C. are Equal Opportunity Employers. Applicants are considered on the basis of skills, experience, and qualifications without regard to race, creed, color, national origin, sex, marital status, or the presence of non-job-related medical disability or any other legally protected status.

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No Position: \_\_\_\_\_ Dept: \_\_\_\_\_

Start date: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_