

SEATTLE EYE M.D.s - Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # _____ Car/Beeper/Other Phone # _____ Social Security # _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no please explain _____

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work / /

Type of employment desired? Full-Time Part-Time Temporary Seasonal

Are you able to meet the attendance requirements of the position? Yes No

Have you been convicted of a felony in the last seven. (7) years? Yes No

If yes please explain _____

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

Driver's license number if driving is an essential job function _____ State _____

Employment History

Provide the following information for your past four employers, assignments or volunteer activities starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of the Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
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From	To	Employer	Telephone
Job Title		Address	
Immediate Supervisor and Title		Summarize the Nature of Work Performed and Job Responsibilities	
Reason for Leaving		Hourly Rates/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	

Skills and Qualifications

Summarize any training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course of Study
High School			
College			Major Degree
Other			

References

Name	Telephone	Years known
	()	
	()	
	()	

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutes and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA..

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____ / ____ / ____

SEATTLE EYE M.D.s - Authorization to Release Information

To: _____

(Prior employer, school attended, etc.)

As an applicant for a position with (potential employer), I have been asked to furnish information for use in reviewing my background and qualifications. In this connection I hereby authorize (potential employer) to investigate my past and present work, character, education, military and civil records to ascertain any and all information which may be pertinent to my employment qualifications. I hereby release from all liability or responsibility all persons and entities requesting or supplying such information.

A photocopy of this authorization shall be considered as the original. You may retain this copy of my release for your files.

Thank you for your assistance.

Signature _____

Date _____

Witness _____

Date _____