

NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you will be required to complete a post-job offer medical history questionnaire. All entering employees in the same job category will be subject to the same medical questionnaire and all information will be kept confidential and in separate files.

I understand that the Florida Eye Clinic does business in more than one location, and if I am employed, I may be assigned and/or transferred to any facility within the Florida Eye Clinic system or a shift(s) other than the one of my choice.

I understand this application is not an offer of employment or a contract to work. If employed, I agree to comply with all rules and regulations of the Florida Eye Clinic and be subject to the 90 day orientation period.

I certify that all of the information that I have provided on this application is true and accurate.

Signature _____ Date _____

This application is for the following locations and other related entities:

Florida Eye Clinic
160 Boston Avenue
Altamonte Springs, FL 32701

Florida Eye Clinic - Lake Underhill
7975 Lake Underhill Road, #230
Orlando, FL 32822

Florida Eye Clinic - West Volusia
787 Health Care Drive
Orange City FL 32763

Florida Eye Clinic - Clermont
2460 E. Highway 50
Clermont, FL 34711

Florida Eye Clinic - Michigan
345 W. Michigan Street, Suite 118
Orlando, FL 32806

Florida Eye Clinic - Windermere
2875 Maguire Road
Windermere, FL 34786

Florida Eye Clinic - College Park
2917 Edgewater Drive
Orlando, FL 32804

Florida Eye Clinic - Ocoee
10131 W. Colonial Dr., Unit 201
Ocoee, FL 34761

Florida Eye Clinic - Winter Springs
5727 Canton Cove
Winter Springs, FL 32708

Florida Eye Clinic - Kissimmee
2225 North Central Avenue
Kissimmee, FL 34741

Florida Eye Clinic - Ormond Beach
1089 West Granada Blvd., Suite 4
Ormond Beach, FL 32174

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS.
IF YOU WISH TO BE CONSIDERED AFTER THAT TIME, YOU MUST REAPPLY.**

FLORIDA EYE CLINIC

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Name _____ Position Applied For: _____

Phone Number: _____ Date of Application _____

When will you be available for work? _____ Salary Desired _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice or cause and the Company has the same right. No one other than the CEO of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from that use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
(PRINT) Last First MI

Addresses for the past three years:

_____ How long have you lived there? _____
Street and Number City State Zip Years Months

_____ How long did you live there? _____
Street and Number City State Zip Years Months

Have you ever been educated or worked under a different name? If yes, please indicate:

Name _____

Are you below the age of 18? Yes No If yes, indicate age _____

Are you authorized to work in the United States? Yes No

Can you provide proof of such authorization? Yes No

If you are hired you will be required to submit proof of citizenship, or furnish proof of your right to work in the United States.

In case of emergency notify _____
Name Address Phone

Have you ever worked for this company before? Yes No If yes, please give dates and position _____

Do you have reliable means of transportation to travel to and from work? Yes No

If a driver's license is required for the position for which you are applying, do you have a valid driver's license?

Yes No State _____

Even if you were not sentenced, have you ever been convicted of or pled guilty to, a violation of any federal, state, county, or municipal laws? Yes No

If yes, please list the date and place of offense, charge and disposition. Include any convictions as the result of court-martial while in the military service. Do not include arrests without conviction or motor vehicle violations for which the only penalty imposed was a fine of \$300 or less. (The existence of a criminal record does not constitute an automatic bar to employment.)

Date	Court Address (City,State)	Charge	Disposition

Describe any training received relevant to the position for which you are applying.

MILITARY TRAINING

	Branch of Gov't/Military	Dates of Duty		Title	GS Level/Rank at Separation
		From	To		
US Armed Forces Yes No					
US Gov't Employee Yes No					

EDUCATION

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of study or Major				
Describe Specialized Training, Military Experience, Skills, Extracurricular Activities				

HEALTH & ACCIDENT RECORD

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No Explain: _____

EMPLOYMENT HISTORY

List below all places of employment or your whereabouts during the past FIVE years and all other significant employment prior to the past FIVE years. Include self-employment, military service, summer, and part-time jobs. If you worked for one employer on more than one occasion use a separate space below for each period. If unemployed, list residence and dates when unemployed. (Use additional sheet of paper if required.)

CURRENT EMPLOYER	ANNUAL SALARY	JOB TITLE/DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
FULL ADDRESS	TELEPHONE NO	FROM/TO	STILL IN BUSINESS?	MAY WE CONTACT THIS EMPLOYER?
PREVIOUS EMPLOYER	ANNUAL SALARY	JOB TITLE/DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
FULL ADDRESS	TELEPHONE NO	FROM/TO	STILL IN BUSINESS?	MAY WE CONTACT THIS EMPLOYER?
PREVIOUS EMPLOYER	ANNUAL SALARY	JOB TITLE/DUTIES	SUPERVISOR'S NAME	REASON FOR LEAVING
FULL ADDRESS	TELEPHONE NO	FROM/TO	STILL IN BUSINESS?	MAY WE CONTACT THIS EMPLOYER?

We may contact the employers listed above unless you indicate those you do not want us to contact.	Do Not Contact
	Employer Number(s) _____ Reason: _____