

Date: \_\_\_\_\_



# Southern Eye Center

1420 South 28th Avenue  
Hattiesburg, MS 39402

Phone: (601) 264-3937

Fax: (601) 264-5930

## APPLICATION FOR EMPLOYMENT

Southern Eye Center is an equal opportunity employer. It does not discriminate on the basis of race, color, religion, national origin, disability, sex, marital status, age, obligation to serve in the U.S. armed force, citizenship, or any other class protected under the law.

Instructions: Please fill out all pages of this form completely, either by typing or in ink. An original signature is required. Incomplete applications will not be considered for employment.

Position(s) applied for: \_\_\_\_\_

Name:

Last

First

Middle

Address

email address (optional):

City

State

Zip Code

May we contact you at work? Yes/No

Home Phone#:

Work Phone#:

Cell Phone#:

### PERSONAL INFORMATION

Type of job you applying for:

Full-time

Part-time

Temporary

Summer employment

How soon will you be available for employment?

If hired, can you provide proof that you are legally eligible to work in the United States?

Yes / No

Are you at least eighteen (18) years of age?

Yes / No

Have you ever been dismissed or released from employment or have you ever resigned to avoid discharge?

Yes / No

If yes, please explain:

Have you ever been convicted of a criminal offense other than a minor traffic violation?

(Note: Driving under the influence does not count as a minor traffic violation.)\*

Yes / No

\* Note: Answering "yes" to the question above does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. When answering, do not include minor traffic violations, any conviction for which the record has been sealed, expunged, pardoned, or otherwise exonerated or eradicated.

Do you have relatives or friends employed at this company? Yes / No

If yes, Name/Relationship:

Have you ever been employed by this company?

Yes / No

If yes, dates, position, and department employed.

How were you referred? (Circle one) Newspaper Ad

Friend/Relative

SEC employee

Other:

FOR OFFICE USE ONLY

EMPLOYEE NUMBER \_\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

## WORK EXPERIENCE

Instructions: Please list all previous or present employment. The information required below must be submitted on this form. A resume can be attached as a supplement, but will not be accepted as a substitute for any portion of this form. The work experience listed will be used to determine if you meet the minimum qualifications as stated on the job announcement. Applications that do not list all employment history/work experience will be considered incomplete and may be rejected. Omitted information cannot be considered or assumed. You may include volunteer experience and internships.

Name of Employer		Telephone #
Address		City
		State/ZipCode
From	To	Reason for Leaving
Starting Salary		Ending Salary
Supervisors Name		When may we contact this employer?      Now      After offer of employment
Duties		

Name of Employer		Telephone #
Address		City
		State/ZipCode
From	To	Reason for Leaving
Starting Salary		Ending Salary
Supervisors Name		When may we contact this employer?      Now      After offer of employment
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Duties		

**EDUCATION AND TRAINING**

School	Name and City, State	Years Attended	List Diploma, Degree (s) Obtained
High School			
College (s)			
Other			

**LICENSURE AND CERTIFICATIONS**

Professional License and/or Certification	Date	In good standing? ___Y___N
		In good standing? ___Y___N
		In good standing? ___Y___N
		In good standing? ___Y___N
		In good standing? ___Y___N

**Language Skills**

Please identify other languages that you speak, write or read including sign language.

Area of specialization or major interest

Typing WPM

Word Processing Yes or No \_\_\_\_\_

What word processing equipment/programs are you familiar with?

List business, hospital or other equipment operated

**REFERENCES**

Please provide three (3) professional references that can be verified from your most recent supervisors. Do not include friends/relatives.

Name and Title	Company Name	Address	Phone Number

**Reference Verification**

Phone / Mail	Date Called / Mailed	By Whom

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize Southern Eye Center to investigate my references, prior employers, education and other matters related to my suitability for employment. I further authorize the references I have listed, all prior employers, and all educational institutions attended to disclose to Southern Eye Center any and all information related to my records, including but not limited to my performance reviews, evaluations, discipline, commendations, awards, and all other employment information. I agree not to sue anyone providing this information and expressly hold them harmless for any information divulged to Southern Eye Center.

\_\_\_\_\_ initials

**APPLICATION CERTIFICATION STATEMENT (Please read carefully prior to signing)**

I hereby certify that the answers given by me on this application are true and correct to the best of my knowledge, and that I have not withheld any information that might adversely affect my chances for employment. I understand that any misstatement or omission of fact in this application or any other document used to obtain employment may result in rejection of this application, disqualification from future consideration for employment with Southern Eye Center, or immediate discharge if I am employed, regardless of the time lapsed before discovery of the misstatement or omission. I further understand that if hired, my employment is "at will", meaning I can be terminated for good cause, bad cause, or no cause at all. This status cannot be changed except by a written employment contract signed by Southern Eye Center's designee and myself.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Last four (4) digits of SSN

\_\_\_\_\_  
Date