



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, religion, pregnancy and pregnancy-related conditions, color, sex, height, weight, marital status, national origin, sexual orientation, gender identity, veteran status, genetics, age, disability or any other status protected by law. These policies apply to all terms and conditions of employment including but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training. TLC Eyecare & Laser Centers is an Equal Opportunity Employer.

(Please print)

Date of Application: _____

Position(s) applied for: _____

Name: _____

Last

First

Middle

Address: _____

Number Street

City

State

Zip Code

Telephone: (____) _____ Social Security Number: ____ - ____ - ____

Email Address _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: _____

Have you ever been employed here before? Yes No If yes, give date: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary

Can you travel if job requires it? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain _____

Are any felony charges currently pending against you? Yes No

Have you ever been denied bonding? Yes No

Do you currently have an active non-compete or confidentiality agreement with a current or prior employer? Yes No

EDUCATION

	Elementary	High	College/ University	Graduate/ Professional
School Name:				
Years Completed/Degree	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	-----	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Course of Study	-----			
Other formal education you feel is relevant to the position for which you are applying?				
Honors Received: State any additional information you feel may be helpful to us in considering your application.				

EMPLOYMENT EXPERIENCE:

List all jobs in order starting with your present or last job. Include military service assignments and your volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

EMPLOYMENT EXPERIENCE CONTINUED:

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			
Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

You must attach a separate sheet if you have been employed by any other employer not listed above within the last 10 years.

REFERENCES Please provide at least two of each type of reference.

- | | | | | |
|----|--------|--------------|---------|-------------------------|
| | (NAME) | (OCCUPATION) | (PHONE) | (TYPE) |
| 1. | _____ | _____ | _____ | PERSONAL / PROFESSIONAL |
| 2. | _____ | _____ | _____ | PERSONAL / PROFESSIONAL |
| 3. | _____ | _____ | _____ | PERSONAL / PROFESSIONAL |
| 4. | _____ | _____ | _____ | PERSONAL / PROFESSIONAL |
| 5. | _____ | _____ | _____ | PERSONAL / PROFESSIONAL |

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without accommodation?

- Yes No

If workplace accommodation is required, please describe: _____

Please read carefully before signing

- I understand this application will be considered current for 90 days and that a new application must be completed for further consideration after 90 days.
- I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can termination my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.
- If I am accepted for employment by TLC, I hereby consent to be tested to determine the presence of alcohol, drugs or controlled substances during my employment when, in TLC's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with TLC's substance abuse policy is a condition of my employment.
- If I am accepted for employment by TLC, I hereby consent to TB tests or any additional medical test that is required to meet OSHA standards in the medical office setting.
- I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application and agree to cooperate in such information, and waive any right to notice of such disclosure.
- I will hold in strictest confidence and will not disclose directly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, sales promotions and ideas, customer lists or other confidential matters of the Company.
- I understand that if I have a disability I must tell you in writing of my need for accommodation within 182 days after I know or reasonably should know that an accommodation is needed. I further understand that failure to do so prevent me from alleging a violation of the accommodation requirements of the 1990 amendments of the Persons with Disabilities Civil Rights Act.
- I understand that all employees of TLC are employed on an at will basis. This means that my employment is subject to termination at any time, with or without prior notice, discipline or warning, and with or without cause. No person other than the Director of HR or the CEO has authority to offer employment for any specified period or to enter into any contract or employment contrary to the foregoing. Moreover, no such agreement by the TLC will be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO or Director of HR.
- I attest with my signature below that I have given to TLC true and complete information on this application. No requested information has been concealed. I authorize TLC to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant

Date