

Application for Employment



Eye Physicians & Surgeons of Augusta, PC
Eye Surgery Center of Augusta, LLC
Specs Vision Center

Equal access to programs, services, and employment is available to all persons. Applicants that require reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources department.

Name: _____	Date of Application: _____
Street Address: _____	Primary Contact #: _____
City: _____ State: _____ Zip: _____	Secondary Contact #: _____
Position Applying For: _____	
Email Address: _____	

Type of employment desired:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> PRN (as needed)	<input type="checkbox"/> Seasonal
Are you at least 18 years old, or can you furnish a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you submitted an application here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been employed here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Best time to contact you: _____				
When are you available to start work? _____	Desired salary range:	\$		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you able to meet the attendance requirements of this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you provide proof of identity and legal authorization to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you willing to work overtime if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If no, please explain: _____				
** Has your driver's license been revoked or suspended within the last three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
** Have you ever been convicted of a felony or a misdemeanor? Are you currently on probation or awaiting trial for an offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide date(s) and details: _____				
Have you ever been terminated or asked to resign from a position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please explain: _____				
Did you receive any discipline in your last 12 months of active employment with your previous employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please explain: _____				
Were you given a performance evaluation within the last 12 months of active employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, what was the range of scores used and your score? _____				

**Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities. Start with the most recent and use additional sheets if necessary. Explain any gaps in employment in the Comments section below.

Most Recent/Current Employer Name & Address		Dates Employed		Summarize the type of work performed and job responsibilities.
		FROM	TO	
Telephone	()	Hourly Rate / Salary Starting		
Starting Job Title / Final Job Title		\$	Per	
Immediate Supervisor Name & Telephone		Hourly Rate / Salary Final		
Reason for leaving		\$	Per	
				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next Recent Employer Name & Address		Dates Employed		Summarize the type of work performed and job responsibilities.
		FROM	TO	
Telephone	()	Hourly Rate / Salary Starting		
Starting Job Title / Final Job Title		\$	Per	
Immediate Supervisor Name & Telephone		Hourly Rate / Salary Final		
Reason for leaving		\$	Per	
				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Next Recent Employer Name & Address		Dates Employed		Summarize the type of work performed and job responsibilities.
		FROM	TO	
Telephone	()	Hourly Rate / Salary Starting		
Starting Job Title / Final Job Title		\$	Per	
Immediate Supervisor Name & Telephone		Hourly Rate / Salary Final		
Reason for leaving		\$	Per	
				May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments (This space can be used to provide further details of any answers from previous page as well as any gaps in employment)

Educational Background

List the last three schools attended, starting with the most recent.

School	No. Of Years Completed	Degree / Diploma	GPA / Class Rank	Major	Minor

References

List the name and telephone number of three *business and/or work references* who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references that are NOT related to you.

Name and Address	Relationship	Telephone Number	Number of Years Known
		()	
		()	
		()	

Licenses, Certifications, and Skills

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

Licenses, Certifications and/or Skills	Dates

List any name(s) under which you have been previously employed or attended school. _____

List any additional information you would like to be considered. _____

List the name(s) of any relatives or friends who are currently employed by the Eye Guys. _____

Applicant Statement

I certify that all of the information I have provided in order to apply for and secure work with the Eye Guys [*Eye Physicians & Surgeons of Augusta, P.C. (EPSA), Eye Surgery Center of Augusta, LLC (ESCA), or Eye Guys Specs Vision Center*] is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the Eye Guys' service, whenever it is discovered.

I expressly authorize without reservation, the Eye Guys, their representatives, employees and/or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights or claims I may have regarding the Eye Guys, their agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Eye Guys may order a consumer report and/or investigative consumer report (background check) on me in connection with my application for employment, if I am already hired, or if I already work for the Company. The Eye Guys may order additional background checks on me for employment purposes without obtaining additional consent, where permissible by law. In the event that information from the report is utilized in whole or in part when making an adverse decision with regard to my potential employment or employment, the Eye Guys will provide me a copy of the consumer report and a description, in writing, of my rights under the law prior to making the adverse decision. The Fair Credit Reporting Act and certain state laws give specific rights in dealing with consumer reporting agencies.

I understand that the Eye Guys do not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

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 Eye Guys reserve 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 supervisor or representative of the Eye Guys is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Eye Guys president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

If I am hired, I agree that I will not disclose, copy, transmit, modify, or destroy patient information or other practice confidential information.

I understand that any offer of employment by the Eye Guys will be conditional on a **negative drug test and complete background check**. Furthermore, the Eye Guys reserve the right to test any employee who is behaving in a manner consistent with substance abuse.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature
of Applicant _____

Date _____