

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute for A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

MEDICAL EYE ASSOCIATES IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ (list only one) Name _____

Phone Number _____ Alternate Phone Number _____

Current Address _____

City _____ State _____ Zip _____

How long have you live at the current address _____ Years / Months

Email Address _____

Desired Salary / Hourly Rate _____

If under the age of 18, can you produce necessary work certificate at the time of employment? YES _____ NO _____

Type of employment desired Full-time _____ Part-time _____ (Specify Hours) _____

Are you willing to work overtime? Yes _____ No _____ Date on which you can start work if hired _____

Have you previously applied for employment with this company? Yes _____ No _____ If yes, provide dates of employment, location, and the reason for the separation

1. Have you ever plead no contest, nolo contendere, or guilty to a misdemeanor crime, or been convinced of a misdemeanor of a crime?

YES _____ NO _____

2. Have you ever plead no contest, nolo contendere, or guilty to a felony crime, or been convinced of a felony crime?

YES _____ NO _____

If you answered YES to either of the two proceeding questions, please give dates and details for each incident:

Have you ever initiated an act of violence in the workplace? YES _____ NO _____

If yes, please provide the date(s) and explain so that the individual circumstances can be considered. (A "YES" answer will not necessarily disqualify you from employment).

List all special technical skills that you feel qualify you for the job for which you are applying (for example, computer programing language, software skills, equipment operation, etc.)

Education	School Name and Location	Course of Study	Graduate? YES / NO	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of assumed nickname, etc.

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with current or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and list of references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you from consideration from employment. Please do not answer "see resume".

EMPLOYER

Company Name		Address	Type of Business
Phone Number		Dates Employed From	Dates Employed To
Job Title		Duties	
Supervisor's Name		May we contact? YES/NO	If NO, why not?
Wages start	Wages end	Reason for leaving	
What will this employer say was the reason your employment was terminated?			
How much notice did you give when resigning? If none, please explain			

Company Name		Address	Type of Business
Phone Number		Dates Employed From	Dates Employed To
Job Title		Duties	
Supervisor's Name		May we contact? YES/NO	If NO, why not?
Wages start	Wages end	Reason for leaving	
What will this employer say was the reason your employment was terminated?			
How much notice did you give when resigning? If none, please explain			

Company Name		Address	Type of Business
Phone Number		Dates Employed From	Dates Employed To
Job Title		Duties	
Supervisor's Name		May we contact? YES/NO	If NO, why not?
Wages start	Wages end	Reason for leaving	

What will this employer say was the reason your employment was terminated?

How much notice did you give when resigning? If none, please explain

Have you ever been terminated or asked to resign from any job? YES NO If yes, how many times? _____

Has your employment ever been terminated by mutual agreement? YES NO If yes, how many times? _____

Have you ever been given the choice to resign rather be terminated? YES NO If yes, how many times? _____

If you answered YES to any of the above three questions, please explain the circumstances of each occasion

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above-requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information. If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____

Date _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL, SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understood the above statement.

Applicant Signature

Date

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY. FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL. THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	# YEARS KNOWN

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I understand that the Company may now have, or may establish, a drug-free workplace or drug and/ or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/ or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law.

I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/ or blood screening or other medically recognized test designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continued employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during an interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION. IF HIRED. THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON. WITH OR WITHOUT CAUSE OR NOTICE NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT. WRITTEN OR ORAL SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR AN APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.