



Georgia Eye Partners is an equal opportunity employer employing individuals based on job related qualifications regardless of race, religion, color, gender, national origin, disability, or other classification as applicable under Federal, state or local law. Georgia Eye Partners complies with legal requirements regarding reasonable accommodations for disabled applicants and employees. Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact _____ in order to arrange such accommodation.

Employment Application

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ E-mail: _____

Position Desired: _____

Can you perform the essential functions of the position for which you are applying?

Yes () No () if no, please explain. (If you have any questions as to what the functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes () No (). (Proof of Identity and eligibility will be required upon employment).

Are you over the age of 18 years? Yes () No (). If no, you may be required to provide authorization to work.

Referral Source

How did you hear about us: _____

Have you ever worked for this company before? Yes () No (). If yes, when: _____

Do you know anyone who works for the company? Yes () No (). If yes, who and where do they work:

Education

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: Yes () No () GED: Yes () No ()

School(s): _____ City/State: _____

College or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s): _____ City/State: _____

Major: _____ Degrees Earned: _____

Other Training or Degrees:

School(s): _____ City/State: _____

Course: _____ Degree/Certificate Earned: _____

List any academic honors, extracurricular activities, offices held, etc. in high school or college: (omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities).

Employment (start with your present or most recent position including US Military Service)

Employer: _____ Address: _____

Telephone: _____ Position: _____

Dates of Employment: From: _____ To: _____ (include month and year)

Salary: _____ Supervisor: _____ Dept: _____

Duties: _____ Ft: _____ Pt: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Telephone: _____ Position: _____

Dates of Employment: From: _____ To: _____ (include month and year)

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Reason for Leaving: _____

References

Professional

Name: _____

Address: _____

Phone: (____) _____

Name: _____

Address: _____

Phone: (____) _____

Name: _____

Address: _____

Phone: (____) _____

Personal

Name: _____

Address: _____

Phone: (____) _____

Name: _____

Address: _____

Phone: (____) _____

Name: _____

Address: _____

Phone: (____) _____

Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Georgia Eye Partners to verify their accuracy and to obtain reference information on my work performance. I hereby release Georgia Eye Partners from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute terms of an implied employment contract. I understand that any employment offered is at will and that either I or the Employer may terminate my employment at any time with or without cause.

Signature of Applicant: _____

Date: _____