

# Todd & Giannetti Eyecare

## Application for Employment

Todd & Giannetti Eyecare does not discriminate in any employment practice on the basis of race, religion, sex, age, marital status, national origin, veteran's status, or disability. No question on this application is intended to secure information that could be of a discriminatory nature.

### PLEASE PRINT

Name	_____	Date	_____
	Last                    First                    Middle		
Telephone: Home	(    ) _____	Work	(    ) _____
		Cell	(    ) _____
Social Security Number	_____	Driver's License Number	_____
Email	_____		

- YES  NO      Are you currently employed?
- YES  NO      May we contact your present employer?
- YES  NO      Have you ever been employed by Todd & Giannetti Eyecare in the past?
- YES  NO      Are you legally eligible to work in the United States?
- YES  NO      Have you ever been convicted of a felony?
- YES  NO      Are you available to work evenings and weekends?

Date you are available to begin work \_\_\_\_\_ Salary Requested \_\_\_\_\_ /hr

Describe any specialized training that you feel might better qualify you for this position

---

---

---

---

---

# RECORD OF EMPLOYMENT

Please list previous employers starting with the most recent

Company	Employed from _____ to _____
City / State	Telephone ( _____ )
Supervisor	Salary: Starting _____ Ending _____
Job Duties	Reason for Leaving

Company	Employed from _____ to _____
City / State	Telephone ( _____ )
Supervisor	Salary: Starting _____ Ending _____
Job Duties	Reason for Leaving

Company	Employed from _____ to _____
City / State	Telephone ( _____ )
Supervisor	Salary: Starting _____ Ending _____
Job Duties	Reason for Leaving

Company	Employed from _____ to _____
City / State	Telephone ( _____ )
Supervisor	Salary: Starting _____ Ending _____
Job Duties	Reason for Leaving

**RECORD OF EDUCATION**

SCHOOL	NAME OF SCHOOL	DATES ATTENDED	DIPLOMA OR DEGREE RECEIVED
High School			
College			
Other			

**PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)**

Name	Phone Number	Occupation

***PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION***

I understand that consideration of this application in no way implies a contract of employment. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. At any time during the first ninety (90) days of my employment, my position may be terminated with compensation paid through the last day worked.

I understand that Todd & Giannetti Eyecare promotes a drug/alcohol free workplace and agree to abide by the guidelines established in the Policy and Procedure Manual. I understand that as a condition of my employment, I may be required to undergo screening for illegal drugs as authorized by State law. My refusal to submit to testing may result in my application being rejected or my employment being terminated.

I certify that the answers given in this application are true and accurate to the best of my knowledge. I understand that any false information, misleading statements, or omission of facts is sufficient cause for rejection of my application if Todd & Giannetti Eyecare has not employed me and immediate termination if Todd & Giannetti Eyecare has employed me.

In the event of my employment with Todd & Giannetti Eyecare I will comply with all rules, regulations, and policies set forth in the Policy and Procedure Manual or other policies communicated to me.

I hereby acknowledge that I have read and understand the preceding statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date