



EMPLOYMENT APPLICATION

Name: _____ Today's Date: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip Code)

Telephone #: _____ Social Security #: _____

Education	Name and Location of School	# of Years Attended	Diploma Received	Subjects Studied/ Degree Obtained
High School				
College				
Post Graduate				
Other				

Professional or Technical Licenses / Certifications / Registrations

Type: _____ State: _____ Number: _____

Type: _____ State: _____ Number: _____

References: Please list two personal references. Do not Include former employers or relatives.

Name: _____ Address: _____
(City) (State) (Zip Code)

Occupation: _____ Years Known: _____ Telephone: _____

Name: _____ Address: _____
(City) (State) (Zip Code)

Occupation: _____ Years Known: _____ Telephone: _____

How were you referred to Eye Surgeons of Indiana/Surgical Care Center? _____

Please list the names of any relatives who work at Eye Surgeons of Indiana/Surgical Care Center: _____

Have you ever been interviewed or worked at Eye Surgeons of Indiana/Surgical Care Center in the past? If so, please give details:

Have you ever been convicted, pled guilty or no contest to a felony? ☐ YES ☐ NO If so, please state (1) date, (2) charge, (3) place, (4) court, and (5) action taken.
IMPORTANT: For purpose of employment with Eye Surgeons of Indiana / Surgical Care Center, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. A conviction does not automatically mean you cannot be employed. The type of conviction and the date are important. I, _____, agree to immediately notify Eye Surgeons of Indiana / Surgical Care Center if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of contest to felony, or any crime involving dishonesty or a breach of trust, while my application is pending or during my period of employment, if hired.

Availability: _____ Position Applying For: _____

☐ Full Time ☐ Part Time ☐ Temporary Date First Available: _____

Rate of Pay Desired: _____ per _____ Will You Work Overtime?: ☐ Yes ☐ No