



Marion Eye Center & Optical LTD

Employment Application

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address: From: To: Did you graduate? YES NO Degree:

College: Address: From: To: Did you graduate? YES NO Degree:

Other: Address: From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship: Company: Phone: () Address:

Full Name: Relationship: Company: Phone: () Address:

Full Name: Relationship: Company: Phone: () Address:

