

MARCIANO FAMILY OPTOMETRIC

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
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 so, 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	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			

From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature			Date