

# Employment Application



Employment is equally available to everyone. Please inform us if you require any reasonable accommodation for the application or interview.	Date of Application / /
How were you referred to us?	Position Applied for:

*Attention to detail is extremely important to us. If you do not want your application to receive serious consideration, please leave some items blank. Otherwise, complete this form in its entirety.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Social Sec # \_\_\_\_\_ Salary Requirements: \_\_\_\_\_

Type of employment desired:      Full-Time      Part-Time      Temporary

Have you ever pleaded guilty, no contest, or been convicted of a crime?      Yes      No      If yes, give dates and details below:

*Answering yes to this question does not constitute an automatic rejection for employment. Date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.*

Driver's license number: State: \_\_\_\_\_

## Education History

	NAME AND LOCATION OF SCHOOL	YEARS	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

## References (List professional references whom we may contact)

NAME	ADDRESS	BUSINESS	PHONE

All applications will be evaluated by Professional Vision Group, Inc (PVG). We are likely to review many applicants for the same position and will forward them all to PVG. Please explain below why PVG should consider your application above others.

## Former Employers (List below last three employers, starting with most recent)

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?	Yes No
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING WAGE NAME	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?	Yes No
OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING WAGE	FINAL WAGE	MAY WE CONTACT YOUR SUPERVISOR?	Yes No
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements, including but not limited to omitting previous employment history shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. "

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_