

# APPLICATION FOR EMPLOYMENT

for

## Advanced Eyecare Specialists

319 Belvedere Road Suite 1  
West Palm Beach, FL 33405  
(561) 832-0677

Position applied for: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_

(required for security check)

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_  
City State Zip

Are you legally eligible for employment in the United States?  Yes  No

(Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference:  Full-time  Part-time  Temporary  Other Date Available: \_\_\_\_\_

Days Available:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun. Salary Desired: \_\_\_\_\_

Hours Available:  Day  Evening  Night  Rotating  Weekends Specify Shift Hours: \_\_\_\_\_

Do you have any relatives employed at our office?  Yes  No If yes, who? \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No If yes, when? \_\_\_\_\_

May we contact your current employer?  Yes  No May we contact your previous employer?  Yes  No

### RECORD OF EMPLOYMENT (beginning with your most recent employer)

1. Name of Employer		Address		Telephone #	Your Position
_____		_____		_____	_____
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	Supervisor's Name & Title	
_____	_____	_____	_____	_____	
MM/YY	MM/YY			_____	
Your Duties:					
_____					

2. Name of Employer		Address		Telephone #	Your Position
_____		_____		_____	_____
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	Supervisor's Name & Title	
_____	_____	_____	_____	_____	
MM/YY	MM/YY			_____	
Your Duties:					
_____					

3. Name of Employer		Address		Telephone #	Your Position
[ ]		[ ]		[ ]	[ ]
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	[ ]	
[ ]	[ ]	[ ]	[ ]	[ ]	
MM/YY	MM/YY			Supervisor's Name & Title	
Your Duties:		[ ]			

EDUCATION					
Type	Name	Major	Last Year Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**TECHNICAL SKILLS**

Word Processor     WPM     Adding Machine     Data Entry     Personal Computer  
 Software Skills: [ ]

Special Credentialing, Certifications, or Professional Licensing: [ ]

Additional Skills and Qualifications: [ ]

**WORK REFERENCES**

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

**PERSONAL REFERENCES**

Name:	Name:
Address:	Address:
Phone:	Phone:

Have you been convicted of a felony or misdemeanor, or presently have charges pending against you for a felony or misdemeanor?  
 Yes  No    If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any type of billing fraud including Medicare, or Medicaid?  Yes  No

Have you ever been included on the Office of Inspector General's database of suspended persons?  Yes  No

Have you read and understand the duties and responsibilities for this position?  Yes  No

Is there any reason why you could not perform all the described duties associated with this position?  Yes  No

If yes, please explain: \_\_\_\_\_

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all information on this application is subject to verification and I consent to any criminal history background checks. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Provided By HCSI