

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Name _____ Date _____

Maiden Name _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Social Security No. _____

Position Desired _____ Expected Salary Range \$ _____ per hour

Type of Employment Desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Do you have any objection to working overtime if necessary? _____ yes _____ no

Can you travel if required by this position? _____ yes _____ no

Have you ever been previously employed by our organization? _____ yes _____ no

Have you worked under another name in the past five years? _____ yes _____ no

Been arrested or convicted of a crime or felony other than minor traffic violation? _____ yes _____ no

If yes, please explain (an arrest or conviction will not automatically bar employment):

List any relatives in our employ: _____

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

Employer _____ Position Held _____

Address _____ Phone _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary \$ _____

Job Summary: _____

How many hours worked per week did you average? _____

Reason for leaving: _____

May we contact your supervisor for a reference? _____ yes _____ no

Employer _____ Position Held _____

Address _____ Phone _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary \$ _____

Job Summary: _____

How many hours worked per week did you average? _____

Reason for leaving: _____

May we contact your supervisor for a reference? _____ yes _____ no

Employer _____ Position Held _____

Address _____ Phone _____

Immediate supervisor and title _____

Dates employed: from _____ to _____ Salary \$ _____

Job Summary: _____

How many hours worked per week did you average? _____

Reason for leaving: _____

May we contact your supervisor for a reference? _____ yes _____ no

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Please check any of the following skills that you may possess:

- EHR (Electronic Health Records)
 EXCEL
 WORD

If you are applying for an ophthalmic tech position, please indicate which skills you possess:

- REFRACTING VISUAL FIELDS OCT / OPD IOL MASTER
 LASIK SCRUB SURGERY SCRIBE W/ DOCTOR PHOTOS
 BILINGUAL (SPANISH)

Educational History

List school name and location, years completed, course of study, and any degrees earned:

	Years Completed	Did You Graduate?
High School: _____	1 2 3 4	___ yes ___ no
College: _____	1 2 3 4	___ yes ___ no
Technical Training: _____	1 2 3 4	___ yes ___ no
Other: _____	1 2 3 4	___ yes ___ no

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that this is a drug free work place and that I will be required to take a drug test.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I authorize the potential employer to perform a background check of my credit history, criminal history, and driving history. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I, or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I represent and warrant that I have received and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature _____ Date _____

Authorization to Release Information

Applicant: _____ SSN: _____

As an applicant for a position with Jonathan M. Frantz, M.D., PA, I have been asked to furnish information for use in reviewing my employment background and qualifications. In this connection, I hereby authorize Jonathan M. Frantz, M.D., P.A. to investigate my past work history and education to ascertain any and all information that may be pertinent to my employment qualifications. I agree to cooperation in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

Signature _____ Date _____

Reference Verification

(Employer Only)

Employer: _____ Phone/Fax: _____

Verification by: _____ Title _____

Employment Dates: From: _____ to _____ Position: _____

Income when he/she left: Salary \$ _____ Hr. Annual

Describe job duties: _____

Positions supervised, if any: _____

How would you rate the employee based on:

Performance expectations: Excellent Satisfactory Needs improvement

Attitude: Excellent Satisfactory Needs improvement

Customer Service: Excellent Satisfactory Needs improvement

Dependability: Excellent Satisfactory Needs improvement

Major strengths: _____

Weak points: _____

Performance compared to others: _____

Relationship with supervisors/peers/ancillary staff: _____

Reason for leaving? _____

Would you re-employ him/her if you had a suitable opening? Yes No

Please fax back to (239) 274-0388