



EMPLOYMENT APPLICATION

Personal Information - Please print.

Name _____ Social Security Number _____ - _____ - _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Day (____) _____ Evening (____) _____

Employment Desired

Position _____ Full-Time _____ Part-Time _____

Date You Can Start _____ Salary Desired _____

IEC is an optometric practice that is in the business of providing eye health care services and products (including exams, the diagnosis and treatment of eye diseases, contact lenses and eyewear) to our patients.

Note any special skills you have which would help in your job performances at IEC. _____

What prompted you to apply for a position with IEC? _____

Briefly explain why you want this position. _____

| | |
|------------------------------|-------------------------------------|
| Name of Employer: | Job Title: |
| Address: Street, City, State | Employment Dates: Starting & Ending |
| Telephone: | Income: Starting & Ending |
| Name & Title of Supervisor: | Reason for Leaving: |

| | |
|------------------------------|-------------------------------------|
| Name of Employer: | Job Title: |
| Address: Street, City, State | Employment Dates: Starting & Ending |
| Telephone: | Income: Starting & Ending |
| Name & Title of Supervisor: | Reason for Leaving: |

| | |
|------------------------------|-------------------------------------|
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| Telephone: | Income: Starting & Ending |
| Name & Title of Supervisor: | Reason for Leaving: |

Education

| | Name and Location of School | Graduate? | Degree/Major Courses |
|----------------|-----------------------------|--------------|----------------------|
| High School | | Yes___ No___ | |
| College | | Yes___ No___ | |
| Trade/Business | | Yes___ No___ | |

Certification or Subjects of Special Study _____

Acknowledgements and Agreements

I, the undersigned, hereby apply for employment, and certify that all information given on this application is true and complete to the best of my knowledge. I understand that false statements, misrepresentations or omission of information will be sufficient cause for cancellation of consideration for employment or dismissal from IEC if I have already been employed. I authorize present and former employers, education institutions, and individuals I have listed, to furnish information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information. I understand that IEC can make no guarantee as to the number of hours that I may be assigned from week to week and any reduction in hours can affect my benefits. I also understand that I may be required to change days off and scheduled hours in order to continue employment. In consideration of my employment, I agree to conform to IEC's rules and understand that my employment and compensation can be terminated, with or without cause, at any time, at the option of the company or myself. I have read and understand the above Acknowledgements and Agreements and recognize all of the above as conditions of employment.

Applicant's Signature _____ Date _____