Application For Employment

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

THOMAS VISION CLINIC

Personal Information

Name

Address	City	State	Zip

Phone number	Email address

Are you legally eligible to work in the US?

Yes ☐   No ☐

Have you ever been convicted of a felony?

Yes ☐   No ☐

Do you have reliable transportation?

Yes ☐   No ☐

Position

Position you are applying for	Available start date	Desired pay

Employment desired   ☐ Full time   ☐ Part time   ☐ Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (please list both professional and personal references)

Name	Title	Company	Phone

Employment History

Employer May we contact? Yes ☐ No ☐	Job title		Dates employed
Reason for leaving			Starting & Ending Pay Rate
Supervisor	Phone Number	City	State

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Employer May we contact? Yes ☐ No ☐	Job title		Dates employed
Reason for leaving			Starting & Ending pay rate
Supervisor	Phone Number	City	State

Signature Disclaimer

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 employment being terminated. You may also attach a resume to your application

Name (please print)	Signature
Date	