

Application for Employment with

Pearson Eyecare Group, LLC

Pearson Eyecare Group is an equal opportunity employer. All applicants and employees are considered for employment advancement and compensation based on their skills and performance without regard to race, color, religion, sex, national origin, age, ancestry, handicap, marital status, or veteran's status. Please complete this employment application in its entirety even if a resume is provided.

Personal Data (please print)

Name _____ Social Security _____

Address _____ Home Telephone () _____

_____ Date Available to start _____

Salary Desired # of hrs Desired Days of week available M T W Th F S Su

Do you have transportation? Yes No How were you referred to us?

Are you eligible to work in the U.S. ? Are you under 18 years of age?

Have you ever been convicted of a crime other than a minor traffic offense? yes no
(Does not necessarily bar you from employment)

Education / Skills

High School Name/City/State Course of Study Grade Average Did you graduate?

College/University _____

Other Training _____

Office Skills, please list: _____

List any scholastic honors, volunteer activities, clubs, etc _____

Employment History

Starting with most recent:

Employer name **Address** **Phone** **Type of Business** **Date employed from:**
to:

Starting Position/Ending Position and Salary _____

May we contact? **Yes** **NO**

Job Duties Performed _____

Reason for Leaving _____



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to:

Starting Position/Ending Position and Salary _____

May we contact? **Yes** **No**

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May we contact? **Yes** **No**

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Reason for Leaving _____



Reason for Leaving _____

Please rate yourself on the following:

- 1 STRONG
- 2 ABOVE AVERAGE
- 3 AVERAGE
- 4 NEEDS IMPROVEMENT

We realize that no one can be strong in every area so please rate yourself honestly.

- | | |
|--|-----------------------------|
| ___ INTELLIGENCE | ___ PROBLEM SOLVING |
| ___ POSITIVE ATTITUDE | ___ BOOKKEEPING SKILLS |
| ___ DESIRE TO SUCCEED | ___ COMPUTER/TYPING SKILLS |
| ___ ORGANIZATION | ___ CUSTOMER SERVICE SKILLS |
| ___ ABLE TO HANDLE MULTIPLE TASKS | ___ FLEXIBILITY |
| ___ STRESS MANAGEMENT | ___ FOLLOWING DIRECTIONS |
| ___ ABILITY TO PRIORITIZE MANY DEMANDS | ___ PENMANSHIP |
| ___ ACCURACY / ATTENTION TO DETAIL | ___ SELF CONFIDENCE |
| ___ TEAM WORK | ___ PROFESSIONAL IMAGE |
| ___ PHONE SKILLS | ___ DESIRE TO LEARN |
| ___ PROMPTNESS | ___ ATTENDANCE |
| ___ MATH SKILLS | ___ GRAMMAR |
| ___ HONESTY | ___ CREATIVITY |
| ___ DEPENDABILITY | ___ HARD WORKING |

Questionnaire for applicants:

1. What is 20% of \$156.00? _____
2. If a patient is to be given a 10% discount on a \$49.00 exam, how much would the patient be charged? _____
If the patient gives you a \$100 bill what would you give back for change? _____
3. What is the sum of \$25.78 + \$63.69? _____
4. If a patient is to receive a 20% discount on a \$49.00 exam, a \$50.00 contact lens fitting, & a \$129.00 pair of contact lenses, what would the charge be? _____
5. Are you willing to perform all duties in the office, such as cleaning, vacuuming, emptying waste basket, etc? _____
6. When could you begin working for our office? _____
7. What are your two strongest assets that would be beneficial to our office?

To the best of my knowledge, all information provided in this application is complete and accurate. I realize that providing false and/or incomplete information will constitute sufficient cause for Pearson Eyecare Group not to employ me or, if employed, to terminate my employment for cause. I authorize past employers, any law enforcement organizations and educational institutions to give information concerning my background. I understand that completion of this form does not indicate that there any positions open and does not in any way obligate Pearson Eyecare Group. I understand this application will be kept active for a 90 day period. If employed, I understand that nothing stated or written should be construed as a direct, implied, or inferred contract of employment between Pearson Eyecare Group and me. I further understand that Pearson Eyecare Group and I can terminate my employment at any time with or without cause or notice.

Signature

Date



D.I.S.C Personality Assessment

In the spaces below, rank the traits listed on each of the 6 lines. Working left to right you should assign a “4” the word which is **most** like you; “3” points to the word **like** you; “2” points to the word that is **somewhat like** you, and “1” point to the word **least** like you. Figure your totals for each vertical column and fill in the boxes marked “Total”. The combined score of all four columns should equal 60.

EXAMPLE			
1 <u>Competitive</u>	2 <u>Inspiring</u>	3 <u>Steady</u>	4 <u>Cautious</u>

Column 1	Column 2	Column 3	Column 4
<hr style="border: 2px solid black;"/>			
1) ___ Competitive	___ Inspiring	___ Steady	___ Cautious
2) ___ Self Certain	___ Optimistic	___ Deliberate	___ Exacting
3) ___ Adventurous	___ Enthusiastic	___ Friendly	___ Logical
4) ___ Decisive	___ Flexible	___ Patient	___ Strict
5) ___ Assertive	___ Impulsive	___ Stabilizing	___ Precise
6) ___ Vigorous	___ Responsive	___ Sympathetic	___ Factual
___ TOTAL D	___ TOTAL I	___ TOTAL S	___ TOTAL C