

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Las Colinas Vision Center fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans With Disabilities Act, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As Equal Opportunity Employers, we intend to comply with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be considered for thirty (30) days from today's date or until the position applied for is filled, whichever first occurs.

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERSONAL DATA:

Salary Expectations: \_\_\_\_\_

_____	_____	_____	_____
Last Name	First	Middle	Social Security Number
_____	_____	_____	_____
Street Address	City	State/Zip Code	Telephone Number

If you are under 18 years of age, please specify your age here \_\_\_\_\_. This information will be used only for child labor law purposes.

Are there any days, shifts or hours you will not work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Will you work overtime, if required? \_\_\_\_\_

Have you taken any illegal drugs in the last 30 days? \_\_\_\_\_

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? Yes  No

**Note:** Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: \_\_\_\_\_

How did you learn of our company? \_\_\_\_\_

If referral, who were you referred by? \_\_\_\_\_

Have you ever applied or worked here before? Yes  No  If yes, provide dates: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status) Yes  No

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

**RESIDENCES: (Please provide your addresses of residence for the past seven years beginning with the most recent address.)**

Street Address	City, State and Zip	From	To
Street Address	City, State and Zip	From	To
Street Address	City, State and Zip	From	To
Street Address	City, State and Zip	From	To
Street Address	City, State and Zip	From	To

**EDUCATION: (May or may not be considered depending on job applied for.)**

Describe and educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Education Institution	Graduated?		If No, Degree or Credits Earned	Type of Degree Earned or Expected	Major	Minor	Grade Point Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/Certifications/Other							

**CRIMINAL RECORD INFORMATION**

All Applicants: You must answer all four questions below. When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order.

A criminal conviction will not necessarily be a bar to employment but will be considered in relation to specific job requirements.

1. Have you been convicted of a felony within the last seven years?

Yes     No                      Date of Conviction: \_\_\_\_\_

2. Have you been convicted within the last seven years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon, for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?

Yes     No

3. Have you been convicted of or completed a period of incarceration within the past five years for any misdemeanor?

Yes     No

If the answer to the above question is "yes", please state whether you were convicted more than five years ago for any offense.

Yes     No

4. A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe your criminal conviction(s) including penalty (ies) imposed, listing the nature of your offense(s) and your rehabilitation since the conviction: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:**

(Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis.)

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Company Name			Telephone Number			
Address			Dates Employed	From	To	
Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last	
State job titles and describe job duties			Reason For Leaving			

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Company Name			Telephone Number			
Address			Dates Employed	From	To	
Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last	
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Name of Supervisor	May we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Rate of Pay	Start	Last	
State job titles and describe job duties			Reason For Leaving			

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**REFERENCES:** (Please list three persons not related to you who know your qualifications)

Name	Address	Phone	Relationship

Please explain any gaps in your employment history. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign? Yes  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Did you receive any discipline in the last 12 months of active employment? Yes  No  If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment? Yes  No  If yes, what was the range of scores used and what was your score? \_\_\_\_\_  
\_\_\_\_\_

Have you signed any non-compete and non-solicit agreement with any other employer that might restrict you from working for this company?  
Yes  No  If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE:** (Complete only if you served in the military)

Branch of Service: \_\_\_\_\_ Number of Years/Months of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice. I consent to and authorize Las Colinas Vision Center to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Las Colinas Vision Center (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party (ies) for providing a good faith reference.

**I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER(S) WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER(S) POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND LAS COLINAS VISION CENTER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE REPRESENTATIVE OF LAS COLINAS VISION CENTER.**

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize Las Colinas Vision Center to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and relevant information about me to each other, and release Las Colinas Vision Center from any and all claims related to the lawful release of this information. I further authorize the release of any background check results of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or the legal document.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from Las Colinas Vision Center at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_