

## Application for Apple Eyecare @2019

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

Contact Telephone: Primary: \_\_\_\_\_  
Secondary: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Why would you like to work for Apple Eyecare? \_\_\_\_\_

\_\_\_\_\_

Check time willing to work:  Full-time, Number of days per week \_\_\_\_\_

Part-time, Hours per week \_\_\_\_\_

Overtime occasionally if necessary? \_\_\_\_\_

Do you have a wage requirement? \_\_\_\_\_

If offered employment, when can you start? \_\_\_\_\_

Can your future vacations be arranged at the convenience of the office? \_\_\_\_\_

### Education

School Name and Location

High School \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

College \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

College \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

Post-College \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

Other Training \_\_\_\_\_

### Professional Information (if applicable)

Professional Licensure \_\_\_\_\_ License No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certification \_\_\_\_\_ Certification No. \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Out of State Licenses \_\_\_\_\_ License No. \_\_\_\_\_

**Employment History** (Start with most recent employer-Please also include your last name while employed with that company)

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact them?  Yes  No  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact them?  Yes  No  
Responsibilities \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

In addition to your education and work history, are there other skills, qualifications, or experience that we should consider?

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

**References** - Please list three professional references and one personal reference.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

I attest with my signature below that I have given to [Company Name] true and complete information on this application. No requested information has been concealed. I also understand that [Company Name] may request to contact references provided for employment reference checks, and under consistent hiring practices, may require pre-employment screening and background verification as a condition of employment upon any employment offer. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

