



# RECORD OF EMPLOYMENT

Please list previous employers starting with the most recent

Company	Employed from            to
City / State	Telephone (        )
Supervisor	Salary: Starting            Ending
Job Duties	Reason for Leaving

Company	Employed from            to
City / State	Telephone (        )
Supervisor	Salary: Starting            Ending
Job Duties	Reason for Leaving

Company	Employed from            to
City / State	Telephone (        )
Supervisor	Salary: Starting            Ending
Job Duties	Reason for Leaving

Company	Employed from            to
City / State	Telephone (        )
Supervisor	Salary: Starting            Ending
Job Duties	Reason for Leaving

**RECORD OF EDUCATION**

SCHOOL	NAME OF SCHOOL	DATES ATTENDED	DIPLOMA OR DEGREE RECEIVED
High School			
College			
Other			

**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members or past supervisors)

Name	Phone Number	Occupation

***PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION***

I understand that consideration of this application in no way implies a contract of employment. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. At any time during the first ninety (90) days of my employment, my position may be terminated with compensation paid through the last day worked.

I certify that the answers given in this application are true and accurate to the best of my knowledge. I understand that any false information, misleading statements, or omission of facts is sufficient cause for rejection of my application if Drs. Ditto & Musick Eye Care Center has not employed me and immediate termination if Drs. Ditto & Musick Eye Care Center has employed me.

In the event of my employment with Drs. Ditto & Musick Eye Care Center I will comply with all rules, regulations, and policies set forth in the Policy and Procedure Manual or other policies communicated to me.

I hereby acknowledge that I have read and understand the preceding statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date