

# Torrey J. Carlson & Associates

## Online Employment Application

Dr Torrey J Carlson & Associates is an equal opportunity employer. All applicants and employees are considered for employment, disability, marital status, veteran's status or other protected status under State of Federal law. Please complete this employment application in its entirety even if a resume is provided.

### Personal Data

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Desired \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available \_\_\_\_\_

Are you willing to travel between our offices when needed? Yes  No

Type of employment you are seeking  Full Time  Part time  Temp # of hours desired \_\_\_\_\_

What days are you available to work on a regular basis?

Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Are you eligible to work in the United States? \_\_\_\_\_ Are you under 18 years of age? \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed nickname necessary to enable us to check on your work record?  Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense, which has not yet been removed from your records by expungement, pardon, or other legal process?  Yes  No

If yes, explain offense and final disposition for each conviction \_\_\_\_\_

\_\_\_\_\_

### Educational Skills

School name	Area of Study	Graduated? Y/N	If yes, type of degree	If no, how many yrs
/	/	/	/	/
/	/	/	/	/
/	/	/	/	/

Licenses (if applicable) \_\_\_\_\_ Type \_\_\_\_\_

Office Skills  Typing (WPM) \_\_\_\_\_  Office  Works  Word  Excel  Internet

Other software/office skills \_\_\_\_\_

What skills do you have that would make you a desirable candidate for employment in an optometric office? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please list three (3) school, business, or personal references that you give permission for us to contact.

They should not be related to you.

Name	Telephone #	Known How Long	Type of Reference (Ex:Work/School)
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____

## Work Experience

Company Name \_\_\_\_\_  
Position \_\_\_\_\_ Dates Employed: From \_\_\_ to \_\_\_ Starting Wage \_\_\_\_\_ Ending \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ May We Contact?  Yes  No

Company Name \_\_\_\_\_  
Position \_\_\_\_\_ Dates Employed: From \_\_\_ to \_\_\_ Starting Wage \_\_\_\_\_ Ending \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ May We Contact?  Yes  No

Company Name \_\_\_\_\_  
Position \_\_\_\_\_ Dates Employed: From \_\_\_ to \_\_\_ Starting Wage \_\_\_\_\_ Ending \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ May We Contact?  Yes  No

Company Name \_\_\_\_\_  
Position \_\_\_\_\_ Dates Employed: From \_\_\_ to \_\_\_ Starting Wage \_\_\_\_\_ Ending \_\_\_\_\_  
Supervisor(s) \_\_\_\_\_ Supervisor Telephone # \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason For Leaving? \_\_\_\_\_ May We Contact?  Yes  No

Have you ever been discharged from any job?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest to the fact that all of the above information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_