



PERSONAL INFORMATION

FULL NAME _____ DATE _____
LAST FIRST MIDDLE

HOME ADDRESS _____ # YEARS _____
STREET CITY STATE

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

BEST DAY, TIME AND WAY TO REACH YOU _____

EMPLOYMENT DESIRED

POSITION _____ HOURS/WK DESIRED _____

WOULD YOU BE AVAILABLE FOR EVENINGS OR WEEKENDS? _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, CURRENT EMPLOYER _____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ DATE YOU COULD START _____

HAVE YOU EVER APPLIED WITH US BEFORE? _____ WHEN? _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? _____

EDUCATIONAL BACKGROUND

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	DEGREE IF ANY
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORRESPONDENCE SCHOOL				
OTHER				

ANY OTHER SPECIALIZED TRAINING THAT WOULD QUALIFY YOU FOR THE JOB? _____

SUBJECTS OF SPECIAL STUDY? _____

ACTIVITIES: CIVIC, ATHLETIC ETC: _____
You may exclude any organizations/activities of which indicate race, creed, sex, marital status, age, color or national group of origin

HOBBIES: _____

SMOKE VISION CARE APPLICATION FOR EMPLOYMENT—CONTINUED

FORMER EMPLOYERS: LIST BELOW LAST 4 EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU; WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR, PLEASE PROVIDE AT LEAST ONE PROFESSIONAL REFERENCE

NAME	ADDRESS	CONTACT #	YRS AQUAINTED

PHYSICAL RECORD: DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE JOB ?

JOB RELATED SKILLS: PLEASE CHECK ANY OF THE FOLLOWING THAT YOU ARE EXPERIENCED WITH

_____ Keyboard _____ Windows based computer _____ Microsoft word _____ Microsoft Excel _____ Multi-lined phone systems

CRIMINAL RECORD: HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

The above information is true and complete to the best of my knowledge. Should I be employed by Smoke Vision Care, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Smoke Vision Care has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Smoke Vision Care.

Further I understand and agree that you are and "at will employer" meaning my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

SIGNATURE

DATE

You may attach a cover letter, personal resume, curriculum vitae, letters of reference or any other information you would like us to review in addition to your application.

smoke vision care

HEALTHY SIGHT. FOR LIFE. 

APPLICANT AVAILABILITY FORM

Name: _____ Date: _____

Please let us know what hours you would be available to work. Currently our hours are as follows:

Buchanan: Monday & Wednesday 8-5, Tuesday and Thursday 9-7, Friday 9-5

New Buffalo: Monday, Wednesday & Friday 9-5, Tuesday and Thursday 9-7

Dowagiac: Monday, Wednesday, Thursday & Friday 9-5 ; Tuesday 9-7

Our offices are open by appointment on select Saturdays of the month from 9-2 pm; it is expected that employees be available to work up to 2 Saturdays per month from 9-2.

Please list by day the earliest time you would be able to report to work:

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____

Please list by day the latest time you could be scheduled to work:

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____

Please indicate which offices you are willing to travel to on a regular basis for coverage by circling those locations:

Dowagiac Buchanan New Buffalo

Please list any other restrictions you would have to your availability:

I, understand that completion of this form is not a guarantee of employment, hours or status, only a planning tool in consideration of employment.

Signed: _____ Date: _____