

**Citrus Vision Clinic**

2332 Hwy 44 W  
Inverness, FL 34453  
[info@citrus-eye.com](mailto:info@citrus-eye.com)

**APPLICATION FOR EMPLOYMENT**

*Please Print Clearly*

Today's Date \_\_\_\_\_

<i>Last Name</i>	<i>First</i>	<i>Middle Initial</i>	<i>Maiden Name</i>

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

How long have you lived at this address? \_\_\_\_\_

<i>Home Phone</i>	<i>Cell Phone</i>	<i>Best time to call</i>
( ) -	( ) -	

Position Applied for: \_\_\_\_\_

Are you seeking Full or Part-time work? \_\_\_\_\_

What hours are you available to work?  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

This position could entail evening and weekend hours as well as daytime hours and requires dependable job attendance. Can you meet these requirements? Yes  No

If not, please explain \_\_\_\_\_  
\_\_\_\_\_

When are you available to begin work? \_\_\_\_\_

What is your desired rate of pay? \_\_\_\_\_

Are you eligible for employment in the United States? Yes  No

Have you ever been convicted of a felony? Yes  No   
*Answering yes to this question will not exclude you from eligibility for this position*

Education	School Name and Location	Course of Study	Graduate?	# of years	Degree/Diploma
High School					
College					
College					
Bus/Tech/Trade					

**LIST BELOW ALL PRESENT & PAST EMPLOYMENT BEGINNING WITH MOST RECENT**

Name & Address of Company (Describe business type) _____ _____ _____ Phone (____) _____ Reason for Leaving _____ Duties _____ Supervisor _____	<u>Dates Employed:</u> From _____ to _____ Job Title _____ <u>Compensation:</u> Start _____ Last _____ May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name & Address of Company (Describe business type) _____ _____ _____ Phone (____) _____ Reason for Leaving _____ Duties _____ Supervisor _____	<u>Dates Employed:</u> From _____ to _____ Job Title _____ <u>Compensation:</u> Start _____ Last _____ May we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Please list two, non-family member references.**

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I certify that all of the information on this application, my resume, and all supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

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

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