



# APPLICATION FOR EMPLOYMENT

DVC is an Equal Opportunity Employer and we consider applicants for all positions without regard to race, color, religion, creed, gender; national origin, age, disability, veteran status, or any other legally protected status.

Position(s) Applied For

Date of Application

How did you learn about us?

- Advertisement
- Friend
- Inquiry
- Employment Agency
- Relative
- Other

Last Name	First Name	Middle Name

Address: Number	Street	City	State	Zip Code

Telephone Number(s)	Social Security Number (Voluntary)

Best time to contact you at home is:

Have you ever been convicted of a felony?

Are you at least 18 years old?

Are you either a U.S. citizen or a permanent resident alien?

If no, can you submit proof of your legal right to work and remain in the in the United States?

Have you ever filed an application with us before?

Do any of your friends or relatives, other than spouse, work here?

Are you currently employed?

May we contact your present employer?

Date available for work  What is your desired salary range?

Are you available to work:  Full Time  Part Time

Are you currently on "lay-off" status and subject to recall?

Can you travel within the metropolitan area, if a job requires it?

EDUCATION	Name and Address	Course of Study	Did You Graduate/ Completed Years	Degree
High School	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Undergraduate	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Graduate	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

**WORK EXPERIENCE** Start with your present or last job. Include any job-related military service assignments and volunteer activities, unless it will reveal a protected status.

Employer	<input type="text"/>	Dates Employed		<input type="text"/>
		From	To	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>	Hourly Rate/Salary		
Starting/Present Job Title	<input type="text"/>	Starting	Final	
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason for Leaving	<input type="text"/>	May We Contact?		
		<input type="radio"/> Yes	<input type="radio"/> No	

Employer	<input type="text"/>	Dates Employed		<input type="text"/>
		From	To	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>	Hourly Rate/Salary		
Starting/Present Job Title	<input type="text"/>	Starting	Final	
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason for Leaving	<input type="text"/>	May We Contact?		
		<input type="radio"/> Yes	<input type="radio"/> No	

Employer	<input type="text"/>	Dates Employed		<input type="text"/>
		From	To	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>	Hourly Rate/Salary		
Starting/Present Job Title	<input type="text"/>	Starting	Final	
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason for Leaving	<input type="text"/>	May We Contact?		
		<input type="radio"/> Yes	<input type="radio"/> No	

Employer	<input type="text"/>	Dates Employed		
		From	To	
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone Number	<input type="text"/>	Hourly Rate/Salary		
Starting/Present Job Title	<input type="text"/>	Starting	Final	
Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason for Leaving	<input type="text"/>	May We Contact?		
		<input type="radio"/> Yes <input type="radio"/> No		

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held, unless it would reveal a protected status.

### ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

### SPECIALIZED SKILLS (skills/Equipment Operated)

Terminal/Citrix

Excel

Other (list)

PC

Word

Keyboarding    WPM

Power Point

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes

No

## PERSONAL/PROFESSIONAL REFERENCES

Name	Phone Number	Best Time to Call	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## STATEMENT OF APPLICANT

I certify that the answers given in this document are true and complete.

I authorize investigation of all statements within this application for employment as may be necessary to make an employment decision.

This application for employment shall be considered active for a period of time not to exceed SIX months. An applicant wishing to be considered for employment beyond this time period should contact the HR department to determine if applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defied by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Discover Vision Centers.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, which will be explained to me upon employment.

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

\_\_\_\_\_  
Date