H E D Q U I S T
E Y E C A R E

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

The following information is requested in order to help us determine your qualifications for employment. We appreciate the time you spend in filling in this application form.

Instructions: Please print clearly all information and complete every part of this application, even though attaching a Resume. If there is a question which does not apply to you, mark "N/A." Do not leave any question unanswered. *Any false, misleading, or incomplete responses may result in disqualification for hire or immediate dismissal from employment.*

Date of Application: _____Position applied for: _____

How did you learn of Position? Advertisement Friend Social Media   Relative Walk-In Other:_____

PERSONAL INFORMATON

Name: _____

Home Address: _____

Home Phone: _____Cell Phone: _____

Social Security Number: _____

E-Mail Address: _____

EDUCATION

	Name/ Location	Course	Degree	Diploma
High School:				
College:				
Technical or Other:				

U.S. MILITARY SERVICE: _____

Branch of Service: _____From: _____ To: _____

Rank & Type of Service: _____

Training/Experience Received: _____

Discharge Date: _____Honorable Discharge? Yes No

HEDQUIST
EYE CARE

GENERAL INFORMATION

You must be 16 years of age to be considered for employment.

Are you at least 16 years of age?   Yes   No

If employed and you are 16, can you furnish a work permit? Yes   No

Have you filed an application here before?   Yes   No   If Yes, give date: _____

Have you ever been employed here before?   Yes   No   If Yes, give date: _____

Are you a U.S. citizen?   Yes   No

If your answer is No, are you specifically authorized to be employed in the United States?

Yes   No   *If your answer is No, please explain. NOTE: If you are offered employment, you may be asked to provide documentation of your citizenship or work authorization.*

Have you ever been arrested for or convicted of a criminal offense other than a minor traffic

violation?   Yes   No   *If your answer is Yes, please give details including dates, charges, and dispositions.*

_____

Is there any information we would need about your name or use of another name for us to be

able to check your work record?   Yes   No

Please Specify: _____

Are you employed now?   Yes   No

If Yes, may we contact your present employer?   Yes   No

On what date would you be available for work? _____

Are you available to work: Full Time   Part-Time   Temporary

Work Hours Available: M-F   Weekends   Mornings   Afternoons   Evenings

Specific Hours: _____a.m. to _____p.m.

Are you on a lay-off and subject to recall?   Yes   No

JOB-RELATED INFORMATION

Describe any special skills or qualifications which may help you in the position applied for:

_____

_____

_____

_____

List all licenses or certificates held, license or certificate type, date issued, and license or certificate number:

_____

_____

_____

_____

List all professional or business organizations to which you belong:

_____

_____

_____

_____

Do you have a valid driver's license?   Yes   No

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PRIOR EMPLOYMENT *(List your last three jobs, beginning with the most recent.)*

Employer name: _____

Employer address: _____

Employer phone number: _____

Type of business: _____

Job title: _____

Duties: _____

Salary: _____

Supervisor's name: _____

Dates employed: _____ to _____

Reason for leaving: _____

_____

Employer name: _____

Employer address: _____

Employer phone number: _____

Type of business: _____

Job title: _____

Duties: _____

Salary: _____

Supervisor's name: _____

Dates employed: _____ to _____

Reason for leaving: _____

_____

HEDQUIST
EYE CARE

PRIOR EMPLOYMENT (continued)

Employer name: _____

Employer address: _____

Employer phone number: _____

Type of business: _____

Job title: _____

Duties: _____

Salary: _____

Supervisor's name: _____

Dates employed: _____ to _____

Reason for leaving: _____

Indicate any of the above employers you do not wish us to contact:
_____

REFERENCES *Please list three personal references, other than prior employers or relatives, whom we can contact.*

1. Name: _____

Address: _____

Phone number: _____

Occupation: _____How long known? _____

2. Name: _____

Address: _____

Phone number: _____

Occupation: _____How long known? _____

3. Name: _____

Address: _____

Phone number: _____

Occupation: _____How long known? _____

By signing below, I certify that the answers and information provided on this form are true, accurate, and complete to the best of my knowledge. I understand that if any answer is not true, accurate, or complete, I may not be hired, or if hired, I may be discharged.

I understand that this employer will thoroughly investigate my work and personal history, character, and qualifications and verify all information given on this application, on related papers, and in interviews. Except for those that I have specifically noted on the form, I authorize any firms, individuals, references, and schools named on the form to provide this employer with information regarding my work, educational history, or character and to cooperate fully with the investigation of my character and qualifications. I authorize them to provide any information requested about me and I release them from all liability for damage in providing this information.

I understand that this employer follows an "employment at will" policy, which means that they or I may terminate my employment at any time, and for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I acknowledge that no oral representations have been made. If I am hired, I agree to conform to the rules and expectations provided to me by this employer.

_____   _____

APPLICANT'S SIGNATURE   **DATE & TIME**

Please drop off application at our office or email to admin@hedquisteyecare.com

Thank you for taking the time to apply at Hedquist Eye Care.

Hedquist Eye Care
523 4th Street
Sioux City, IA 51101
(712) 224-3937
Fax: (712) 224-3939
www.hedquisteyecare.com