

# H E D Q U I S T

## E Y E C A R E

523th Street Sioux City, IA 51101  
P:(712) 224-3937 F: (712) 224-3939

## 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    Relative    Walk-In    Other:

### **PERSONAL INFORMATON**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **EDUCATION**

	<i>Name/ Location</i>	<i>Course</i>	<i>Degree</i>	<i>Diploma</i>
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

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### 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.*

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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:

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

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List all professional or business organizations to which you belong:

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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: \_\_\_\_\_

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Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Type of business: \_\_\_\_\_

Job title: \_\_\_\_\_

Duties: \_\_\_\_\_

Salary: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### **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? \_\_\_\_\_

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*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.*

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**APPLICANT'S SIGNATURE**

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**DATE & TIME**

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

**Hedquist Eye Care**

523 4<sup>th</sup> Street

Sioux City, IA 51101

(712) 224-3937

Fax: (712) 224-3939

[www.hedquisteyecare.com](http://www.hedquisteyecare.com)