

JOB APPLICATION

Master Eye Associates Dr. Richard C. Buck OD, PC

7706 Winchester Rd, 4562 Poplar Ave, 2825 N. Germantown Pkwy , Memphis, Tennessee 38117
(901)752-1551 Fax (901)752-1505 MasterEyeMemphis.com

Master Eye Associates is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: Optometric Technician (full time)

How did you hear about this position? _____

What days are you available for work? _____

What hours or shift are you available for work? _____

If needed, are you available to work overtime? _____

On what date can you start working if you are hired? _____

Do you have reliable transportation to and from work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Master Eye Associates before? Yes No

If yes, when? _____

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status? _____

Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Master Eye Associates complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? _____

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: City, _____

State and Zip Code: _____

Employer Telephone: _____

Dates Employed: Reason
for leaving: _____

Start Salary: _____ End Salary: _____ May we contact for a reference? _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: City, _____

State and Zip Code: _____

Employer Telephone: _____

Dates Employed: Reason
for leaving: _____

Start Salary: _____ End Salary: _____ May we contact for a reference? _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: City, _____

State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Start Salary: _____ End Salary: _____ May we contact for a reference? _____

References

Please provide personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Are you available to work the hours 9am to 6pm? _____

Are you currently a student or plan to be a student while working? _____

Circle the highest grade completed: High School - 9 10 11 12 College - 1 2 3 4

Name of last school attended: Degree: _____

AT-WILL EMPLOYMENT

The relationship between you and the Master Eye Associates is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Master Eye Associates. No representative of Master Eye Associates has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____

