



2700 Paramount Blvd. Amarillo, TX 79109  
806.355.9536 advancedeyecare@aecamarillo.com

APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT

Date of Application \_\_\_\_\_ Position(s) Applied For \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

If employed and under 18 years of age, can you furnish a work permit? \_\_\_ Yes \_\_\_ No

Have you filed an application with Advanced Eye Care before? \_\_\_ Yes \_\_\_ No

Have you ever been employed by Advanced Eye Care before? \_\_\_ Yes \_\_\_ No

Are you currently employed? \_\_\_ Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_ Yes \_\_\_ No

*(Proof of citizenship or immigration status will be required upon employment.)*

Have you been convicted of a felony within the last 7 years? \_\_\_ Yes \_\_\_ No

*(Conviction will not necessarily disqualify applicant from employment.)*

*If yes, please explain* \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

When are you available to work? \_\_\_ Full Time \_\_\_ Part Time

Attached documents are accepted and reviewed.

**EDUCATION:**

	<b>High</b>	<b>College/University</b>	<b>Graduate/Professional</b>
<b>School Name</b>			
<b>Years Completed/ Degree</b>	<b>9 10 11 12</b>	<b>1 2 3 4</b>	<b>1 2 3 4</b>
<b>Diploma/Degree</b>			
<b>Describe Course of Study</b>			
<b>Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities</b>			

**Honors Received:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(State any additional information you feel may be helpful to us in considering your application.)*

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

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Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

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

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

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

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

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

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

### EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

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

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

Dates of Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Rate of pay: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Rate of pay: Starting:** \_\_\_\_\_ **Final:** \_\_\_\_\_

**Work Performed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employed: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Rate of pay: Starting:** \_\_\_\_\_ **Final:** \_\_\_\_\_

**Work Performed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Special Skills and Qualifications**

**Summarize special skills and qualification acquired from employment experience or education.**

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**Do you smoke?  Yes  No**

**Would you consent to a drug test?  Yes  No**

**Advanced Eye Care is a non smoking environment. Employees may not smoke on the property including parking areas. Advanced Eye Care is a drug free work environment. Advanced Eye Care does not hire applicants that test positive for tobacco or drug use.**

**Applicant's Statement**

**I certify that answers given herein are true and complete to the best of my knowledge.**

**I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.**

**I understand that neither this document nor an offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.**

**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 Advanced Eye Care.**

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**Signature of Applicant**

**Date**