

# Application for Employment

An Equal Opportunity  
& Affirmative Action  
Employer



Your responses on this form will help us learn about your experience, abilities and interests. Please answer each question as thoroughly as possible. We will review your qualifications and will make our decision based solely on merit. You will be notified about our decision as quickly as possible. The information you provide here will be used only for processing your employment application and in response to legal obligations we may have.

## PERSONAL INFORMATION

<b>Name:</b> Last	First	Middle Initial
<b>Present Address:</b> Street	City	State Zip
<b>Permanent Address:</b> Street (Leave blank if same as present address)	City	State Zip
<b>Telephone:</b> Residence	<b>Telephone:</b> Emergency	
<b>Social Security Number:</b>		

## JOB INFORMATION

<b>Title of Position You are Applying For:</b>		
<b>Work Location:</b>	<b>Salary Desired:</b>	<input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour
<b>Type of Employment:</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
<b>When are you available to begin work?</b>		

## EDUCATION & TRAINING INFORMATION

Level	Name & Location	Date of Graduation	Degree Major	Certification
High School				
College				
College				
Grad School				
Business, Technical, Secretarial, etc.				

We may require you to provide official sealed copies of your school transcripts. We may also call your schools to confirm all information you enter on this application.

## SPECIAL SKILLS AND QUALIFICATIONS

Please summarize any special job-related skills and qualifications you have including licenses, certifications, specific technical skills or equipment operating skills.

Are you bound by any confidentiality or patent agreements or other obligations, which could limit your work with us?  Yes  No Explain:

Are you required to obtain approvals from a former employer before performing work in this industry?  Yes  No Explain:

Have you signed intellectual property agreements with any former employer, partner or other organization?  Yes  No Explain:

EMPLOYMENT HISTORY		
<b>Former Employer A:</b>		
Address:		
Telephone:	Your Title:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		
Describe your duties and responsibilities:		
Starting Salary: _____ per	Ending Salary: _____ per	
Employed From: _____ <sup>Date</sup>	Employed To: _____ <sup>Date</sup>	
Reason for leaving:		
<b>Former Employer B:</b>		
Address:		
Telephone:	Your Title:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		
Describe your duties and responsibilities:		
Starting Salary: _____ per	Ending Salary: _____ per	
Employed From: _____ <sup>Date</sup>	Employed To: _____ <sup>Date</sup>	
Reason for leaving:		
<b>Former Employer C:</b>		
Address:		
Telephone:	Your Title:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		
Describe your duties and responsibilities:		
Starting Salary: _____ per	Ending Salary: _____ per	
Employed From: _____ <sup>Date</sup>	Employed To: _____ <sup>Date</sup>	
Reason for leaving:		
<b>Former Employer D:</b>		
Address:		
Telephone:	Your Title:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		
Describe your duties and responsibilities:		
Starting Salary: _____ per	Ending Salary: _____ per	
Employed From: _____ <sup>Date</sup>	Employed To: _____ <sup>Date</sup>	
Reason for leaving:		

VOLUNTEER EXPERIENCE		
<b>Organization A:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Your Title:</b>	<b>May We Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Supervisor:</b>		
<b>Describe your duties and responsibilities:</b>		
<b>Leadership Role:</b> <small>Describe</small>		
<b>Volunteered From:</b> <small>Date</small>	<b>Volunteered To:</b> <small>Date</small>	
<b>Reason for leaving:</b>		
<b>Organization B:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Your Title:</b>	<b>May We Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Supervisor:</b>		
<b>Describe your duties and responsibilities:</b>		
<b>Leadership Role:</b> <small>Describe</small>		
<b>Volunteered From:</b> <small>Date</small>	<b>Volunteered To:</b> <small>Date</small>	
<b>Reason for leaving:</b>		
<b>Organization C:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Your Title:</b>	<b>May We Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Supervisor:</b>		
<b>Describe your duties and responsibilities:</b>		
<b>Leadership Role:</b> <small>Describe</small>		
<b>Volunteered From:</b> <small>Date</small>	<b>Volunteered To:</b> <small>Date</small>	
<b>Reason for leaving:</b>		
<b>Organization D:</b>		
<b>Address:</b>		
<b>Telephone:</b>	<b>Your Title:</b>	<b>May We Contact:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name of Supervisor:</b>		
<b>Describe your duties and responsibilities:</b>		
<b>Leadership Role:</b> <small>Describe</small>		
<b>Volunteered From:</b> <small>Date</small>	<b>Volunteered To:</b> <small>Date</small>	
<b>Reason for leaving:</b>		

### COMPUTER SKILLS

Please list below all computer programs you are proficient in using. If specific computer skills are required on the job for which you are applying, we may ask you to take a proficiency test to demonstrate those skills.

**Word Processing:**

**Spread Sheet:**

**Data Base:**

**Accounting:**

**Internet:**

**E-Mail:**

**Other:**

**Other:**

**Other:**

**Are you capable of programming in any language?**  Yes  No

**If so, what language?**

**Are you capable of using HTML to program or update internet/intranet web sites?**  Yes  No

### CITIZENSHIP & SECURITY INFORMATION

If a security clearance is required for the job you seek, additional information will be requested on a separate form. You will be required to undergo a strict background check if you must have a security clearance.

**Have you ever held a security clearance for any other job?**  Yes  No

**Have you ever been rejected for a security clearance?**  Yes  No

**U.S. Citizen?**  Yes  No **Right to work in this country?**  Yes  No

**If you are given a job offer, can you produce legal documentation to prove you are who you claim to be and that you have the legal right to work in this country?**  Yes  No

Anyone who fails to produce such documentation within 72 hours of hiring will be removed from the payroll.

### DRUG TESTING INFORMATION

The Shah Eye Center maintains a drug-free environment. All job applicants are subject to pre-employment drug screening for marijuana and other prohibited drug use. Individuals who fail to pass the drug screen will not be employed by the Shah Eye Center. Individuals who refuse to take the drug test will not be employed by the Shah Eye Center. The test may be a urine test, blood test or breath test at the company's choosing. Further, if you are hired, you may be asked at random times in the future to submit to a similar drug-screening test. Failure to pass such a random test is cause for disciplinary action, including the possibility of immediate dismissal.

**Are you willing to submit to a medical drug test to determine if you have recently used illegal or controlled substances?**  Yes  No

**Do you understand that you may be tested for illegal drugs or controlled substances at random if you are hired by the Shah Eye Center?**  Yes  No

### RELEASE FOR REFERENCE CHECKING

There is an attachment to this application form, which you must sign if you wish us to process your application further. It gives your former employers authorization to release detailed information about your employment with them. It also releases them from any liability for disclosing that information to us during the course of our reference checking process. You may refuse to sign the release form if you wish. If you do not sign the form, we will not consider you for employment with our company. This is a requirement if you wish to be considered for a job with us.

### EMPLOYMENT RELATIONSHIP

We maintain an "at-will" relationship with our employees. That means if you become an employee, you will have the right to resign your position at any time with or without notice, and with or without cause. It also means that the company has the right to end your employment at any time with or without notice, and with or without cause. At-will relationships continue for as long as both parties wish them to continue. If you are hired, you will not have a contract for employment. You will not be guaranteed employment for any amount of time. Only a written agreement from the company president can change your at-will status with us.

### CRIMINAL RECORD

A criminal conviction will not necessarily disqualify you for employment with the Shah Eye Center. Factors such as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

Yes  No

If yes, please provide details (dates and location for all convictions):

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### EMPLOYEE (CURRENT OR FORMER) RELATION

Being related or currently or formally involved in a relationship, including living as roommates, will not necessarily disqualify you for employment with the Shah Eye Center. Also, if you consider a current or former employee to be a close friend then disclosure is required. Failure to disclose could result in your disqualification.

Are you related, living with, or considered a close friend of a current or former Shah Eye Center Employee?  Yes  No

If yes, please provide the details of your relationship:

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### TERMINATION OR MUTUALLY AGREED RESIGNATION FOR CAUSE

There are many reasons an employee is terminated or mutually agrees to resign other than when a lay off occurs. For Cause, for this application, means that an employee violated an employers policy(s) to such a degree that related termination or mutually agreed resignation. A termination or resignation for cause will not necessarily disqualify you for employment with the Shah Eye Center. Factors, such as the seriousness, situation and nature of the cause will be considered.

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No

If yes, please provide company names and details:

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**EMPLOYMENT REFERENCE RELEASE**

By signing this release, I am voluntarily requesting that any former company for which I have worked respond to reference requests from Shah Eye Center, PA. I authorize any former company for which I have worked to disclose to Shah Eye Center PA any employment-related information that, in its sole discretion and judgment, it may decide is appropriate to disclose. This may include any personal comments, evaluations, or assessments that Company personnel may have about my previous performance or behavior as an employee.

I agree to release and discharge any and all former employers/companies and former company's successors, employees, officers, and directors for all claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or that are in any manner connected to its disclosure of employment-related information to prospective employers. This release includes, but is not limited to, claims of defamation, libel, slander, negligence, or interference with contract or profession.

I state that I have carefully read and fully understand the provisions of this release. I further acknowledge that I was given the opportunity to consult with an attorney and other individuals of my choosing before signing this release and that I have decided to sign this release voluntarily and without coercion or duress by any person.

This release sets forth the entire agreement between any and all former employers/companies and me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Dear Human Resources/Payroll:

Please verify information provided and sign below:

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

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Eligible for rehire:  Yes  No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please write in the space below any additional information which you believe would help us assess your candidacy for employment. Please write job-related information only.

**PREEMPLOYMENT STATEMENT**

Please read the following statement carefully and sign your agreement on the line provided.

I understand and agree that:

1. The information I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be reason for you not to hire me, or if employed, for dismissal from employment.
2. Any offer of employment I may receive from the Shah Eye Center is contingent upon my successful completion of the company's pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or postemployment medical exams I may be required to take disclosed to the Shah Eye Center.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the Shah Eye Center. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the Shah Eye Center.
4. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
5. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
6. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself, under our at-will employment relationship. I further understand that no manager, supervisor, or other representative of the company, other than Dr. Pankaj or Nora Shah, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to my at-will relationship with the company. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by Dr. Pankaj or Nora Shah.

<p><b>Signature of Job Applicant:</b></p> <p>_____</p>	<p><b>Date Job Applicant Signed</b> _____</p> <p><b>Texas Drivers License #:</b> _____</p>
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**For Office Use:**  
**RESULTS**

Employed:  Yes  No

If yes, Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Date beginning Employment: \_\_\_\_\_ Hourly rate \$ \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by:

\_\_\_\_\_

Date: \_\_\_\_\_