Ocean County Retina, PC

EMPLOYMENT APPLICATION

Ocean County Retina, PC (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL					
	First		nitial	Social Security #	
Other Name(s) Used				Home Telephone #	
Address			Business or Message #		
Position Applied For	Referred By			Salary Desired	
Have you ever interviewed with the Company or its affiliates before? □ Yes□ No		If yes, list date(s), job title(s) & location(s)			
Have you ever been employed by the Company or its affiliates before? ☐ Yes☐ No		If yes, list date(s), job title(s) & location(s)			
Do you have any relatives employed by the Company or its affiliates? ☐ Yes☐ No		If yes, list date(s), job title(s) & location(s)			
Are you at least 18 years old? ☐ Yes☐ No		If under 18, do you have a work permit?			
EDUCATION					
Circle Highest Grade Completed:	High School College, Tra Graduate Stu	de or Business	9 10	0 11 2 3	12 4
School	Address	Majo	or Studie	es	Degree, Diploma, License or Certificate
High School					
College/University					
Vocational, Business, Other					
List Any Professional Designations		<u>'</u>			
Other Special Knowledge, Skills or Qu	alifications				
For Clerical Applicants Only:					
Do you type?□ Yes □ No If yes, WPM:					



EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

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Employed From	Employer Name	Supervisor Name Starting Sal			
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibi	lities	·			
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibilities					
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone #	Ending Salary		
Job Title		Reason for Leaving			
Duties & Responsibilities					
Employed From	Employer Name	Supervisor Name	Starting Salary		
Employed Until	Employer Address	Supervisor Phone # Ending Salary			
Job Title		Reason for Leaving			
Duties & Responsibilities					

GENE	GENERAL					
Yes	No					
		May we contact your current employer for references?				
		If hired, will you be able to work overtime?				
		Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?				
		Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application.)				
CERT	IFICAT	ION & AUTHORIZATION				
	the Comp is false o	we information is true and correct. I understand that, in the event of my employment by pany, I shall be subject to dismissal if any information that I have given in this application or misleading or if I have failed to give any information herein requested, regardless of the used after discovery.				
	I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.					
	I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.					
	If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.					
	I hereby	acknowledge that I have read and agree to the above statements.				

Date

Signature