

## CRYSTAL EYE CARE APPLICATION FOR EMPLOYMENT

Crystal Eye Care, Inc is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

Please complete entire application to ensure processing.

**PERSONAL INFORMATION** (please print)

Name Last First Middle Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you less than 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ (Crystal Eye Care is required to comply with federal, state, or provincial law)  
 U.S. Applicant Only  
 Are you legally eligible for employment in the US? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Proof of US citizenship or immigration status will be required)

Have you been convicted of a felony in the last seven (7) years: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list convictions that are matter of public record. A conviction will not necessarily disqualify you for employment.

Address: Street City State Zip code

(\_\_\_\_) (\_\_\_\_) Phone Number Daytime Evening E-mail

How would you commute to work? And how long it takes? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Full time /  Part time  
 Salary expecting \$ \_\_\_\_\_ Date you could start \_\_\_\_\_

Specify hours available for each day of the week (Our office Hrs: M-F 10am – 7 pm Sat: 10am – 6 pm)	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>

If you want to work only **part time**, what do you do when you are not working?  
 School \_\_\_\_\_ Other job(s) \_\_\_\_\_ Stay at home \_\_\_\_\_

Others (explain please) \_\_\_\_\_

Have you ever worked @ Optical, Optometry, or Ophthalmology office? No / Yes: \_\_\_\_\_

Why are you applying this job? \_\_\_\_\_

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

**EDUCATION**

Name of School s	Circle last Year completed	Subjects Studied & Degrees Received
High School (year of completion) (year: _____)	1 2 3 4	
College (year: _____)	1 2 3 4	
	1 2 3 4	
Trade, business/ correspondences school	1 2 3 4	

Are you currently attending school?  No /  Yes \_\_\_\_\_

No, but planning to back to school or taking some classes \_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS**

List below current and last three employers, starting with most recent one first. Please include any non-paid/volunteer experience, which is related to the job for which you are applying. Please complete even if you attach a resume.

Starting Date	End Date	Employer information (Name, Contact info.)	Position / Duty	Salary	Reasons of leaving

**REFERENCES** (give below the names of three professional references, whom you have known at least one year.)

Name	Address & phone number	Business	Years acquainted / How do you know this person
1.			
2.			

I hereby authorize Crystal Eye Care, Jeff Chuh, OD to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Crystal Eye Care, Jeff Chuh, OD to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Crystal Eye Care, Jeff Chun, OD. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Crystal Eye Care, Jeff ChuhOD to hire me. (U.S. APPLICANTS ONLY: I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or Crystal Eye Care, Jeff Chuh, OD at any time without prior notice for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have any questions or need to contact us, please call or come by during our office hours.*

Telephone number: 703-413-9001

Fax number: 703 -552-1334

Address: 1654 Crystal Square Arcade

Arlington, VA 22202 (You may fax or mail the application)

*Thank you for your interest about the position. We will contact you soon.*