

West Georgia Eye Care Center
 2616 Warm Springs Road
 Columbus, Georgia 31904

*“Commitment to Excellence
 Spirit of Service”*

Employment Application

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date:
Street Address		Apt/Unit #	
City	State	Zip	
Phone		Email Address	
Date Available:		Social Security No:	
Position Applied For:		Full Time	Part Time
Are you available to work Saturdays?		Yes / No	
Are you authorized to work in the U.S.?		Yes / No	
Have you ever worked for WGECC?		Yes / No	
Have you ever been convicted of a felony?		Yes / No If Yes, Explain:	
Do you possess a clinical or professional license?		Yes / No If Yes, what type?	
If Yes, what state?		License Number (s):	
Please list any current certification that would be required for the position applied for:			
List any family members currently employed by WGECC:			
How did you learn about this job opportunity at WGECC:			
EDUCATION			
High School			
Address			
From		To	Did you graduate?
College			
Address			
From		To	Did you graduate?
Degree			
Other			
Address			
From		To	Did you graduate?
Degree or Certification			
REFERENCES (Please list professional references)			
Full Name		Address	
Relationship		Email	
Company		Phone	
Full Name		Address	
Relationship		Email	
Company		Phone	
Full Name		Address	
Relationship		Email	
Company		Phone	

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EMPLOYMENT HISTORY (Last 10 years)	
Company	Phone ()
Address	Supervisor
Job Title	
From: To:	Reason for Leaving:
Starting Salary:	Ending Salary:
Responsibilities:	
May we contact your current/previous supervisors for a reference? Yes / No	
Company	Phone ()
Address	Supervisor
Job Title	
From: To:	Reason for Leaving:
Starting Salary:	Ending Salary:
Responsibilities:	
May we contact your current/previous supervisors for a reference? Yes / No	
Company	Phone ()
Address	Supervisor
Job Title	
From: To:	Reason for Leaving:
Starting Salary:	Ending Salary:
Responsibilities:	
May we contact your current/previous supervisors for a reference? Yes / No	
MILITARY SERVICE	
Branch	
From: To:	Type of Discharge:
If other than Honorable Explain:	

The Equal Employment Opportunity/Affirmative Action Policy of West Georgia Eye Care Center is to provide fair and equal employment opportunity for all employees and job applicants regardless of race, color, religion, national origin, gender, age, genetic disposition, marital states or disability. West Georgia Eye Care Center hires and promotes individuals solely on the basis of their qualifications for the job to be filled.

DISCLAIMER AND SIGNATURE		
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize West Georgia Eye Care Center to verify their accuracy and to obtain reference information on past employment, licensure/certification verification, social security number/name match, education verification, drivers license verification and criminal history. I hereby release West Georgia Eye Care Center from any and all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. Unsigned applications will not be considered.</p>		
<p>I understand and agree that, if employed, my employment is AT WILL. That is, it is for no definite period and may be terminated at any time without prior notice.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;"> Date</td> </tr> </table>	Signature	Date
Signature	Date	