

Employee Application



*When It's Time To See The World As You Deserve, It's Time To See Aaron J. Affleck, M.D.
Brightening The World One Pair Of Eyes At A Time!*

Thank you for applying to Affleck, M.D. Eye Care! We are excited to review your application and take the next step in our hiring process. To proceed, please complete the attached form and submit it along with your cover letter, current résumé, and any relevant certifications or letters of recommendation. We want to fully understand your qualifications and how you can contribute to our team.

Submission Details:

Please return all materials to our office during the following hours:
 Mon/Wed/Thu: 9 AM – 4:30 PM (Closed 11:30 AM – 1:30 PM)
 Tue/Fri: 9 AM – 1 PM

Note: Please ensure all questions are answered comprehensively (mark 'N/A' if not applicable) and that your responses are clearly printed or typed. Detailed information helps us better evaluate your fit for the team. Please attach additional sheets if necessary to complete your response.

Affleck, M.D. Eye Care is an equal opportunity employer.

PERSONAL INFORMATION

Last Name	First Name	Middle	
Other Names Used:			
Address: Street	City	State	Zip
Cell Phone	Email		
Are you legally eligible to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes, (Federal Law requires proof of identity and employment authorization for all new employees.)			
At our office you work with highly confidential information. A criminal record does not constitute an automatic bar to employment, and the nature of the job, the seriousness of the crime and date of the conviction will be considered. Have you ever been convicted of a felony (other than a minor traffic infraction)? <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes, please explain (include nature of the felony, where, the court and year of conviction)			
If yes, have you completed all terms of the convictions? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, are you currently on any probations or parole? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Can you travel a few times a year for 2-5 days for training? <input type="checkbox"/> No <input type="checkbox"/> Yes			
We may need you to make deliveries or run errands. Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes, in what State? _____			

POSITION INFORMATION

Our office has a restricted dress code. Please mark any restriction(s) you would need to be exempt due to religious rights or medical reasons: Not showing tattoos Not showing body pieces (other than one hole in each ear lobe). If box(s) marked please explain.

Position Apply For:	Available Start Date:	Can you work 11-hour shifts? <input type="checkbox"/> No <input type="checkbox"/> Yes Do you understand you will NOT have a fixed weekly hour for this role? <input type="checkbox"/> No <input type="checkbox"/> Yes
What are the minimum hours you must work per week?		What are the maximum hours a week you could work?

Here are our hours we need you available: Mark the hours you could **NOT** work (Lunch are 30 Minutes)

X		Start	End	Total Hours
	Monday	7:30 AM	(Estimated time 5:15 PM) 15 minutes after last patient	9.5 Hours
	Tuesday	LASIK		
		During July and August, you may work 9 AM to 1 PM because all Fridays are no clinic. These will be cleaning jobs inside and outside of the office.		
	Wednesday	30 Minutes ★	(Estimated time 6:15 PM) 15 minutes after last patient	11 Hours
	Thursday	7:30 AM	(Estimated time 5:15 PM) 15 minutes after last patient	9.5 Hours
	Friday	7:30 AM	(Estimated time 1:00 PM) 15 minutes after last patient	6 Hours
<i>Total</i>				30-36 Hours

Please note: our payroll is through direct deposit a checking or saving account is needed in order to receive wages.

Work History (Please list most current first)

Company Name & Address:			Phone Number: May we contact this Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Dates employed	Start Pay	End Pay	Rehire eligible?	
Favorite part about job:				
Hardest part about job:				
What skills did you learn from that job that would help you with this position?				
Why did it end?				
If different from today, Name you went by while employed:		Supervisor's name:		Phone Number:

Company Name & Address:		Phone Number: May we contact this Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Dates employed	Start Pay	End Pay	Rehire eligible?
Favorite part about job:			
Hardest part about job:			
What skills did you learn from that job that would help you with this position?			
Why did it end?			
If different from today, Name you went by while employed:	Supervisor's name:		Phone Number:

Company Name & Address:		Phone Number: May we contact this Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Dates employed	Start Pay	End Pay	Rehire eligible?
Favorite part about job:			
Hardest part about job:			
What skills did you learn from that job that would help you with this position?			
Why did it end?			
If different from today, Name you went by while employed:	Supervisor's name:		Phone Number:

Company Name & Address:		Phone Number: May we contact this Employer <input type="checkbox"/> No <input type="checkbox"/> Yes	
Dates employed	Start Pay	End Pay	Rehire eligible?
Favorite part about job:			
Hardest part about job:			

What skills did you learn from that job that would help you with this position?		
Why did it end?		
If different from today, Name you went by while employed:	Supervisor's name:	Phone Number:

PLEASE EXPLAIN ANY GAPS BETWEEN EMPLOYMENTS

REFERENCES (If listed below you are allowing us to call your references on your behalf.)

LIST OF PROFESSIONAL REFERENCES *(Persons Who Can Confirm Your Job-Related Training and Experience.)*

Name/ Occupation <small><i>list of persons should not be related to you by blood or marriage.</i></small>	Phone <small><i>(i.e. 000-000-0000 ext.00)</i></small>	Connection to You <small><i>(i.e. manager, co-worker)</i></small>	Acquaintances time <small><i>(i.e. from 2019 to present)</i></small>
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LIST OF PERSONAL REFERENCES *(Optional- Highly Recommended If No Professional References Are Given)*

Name/ Occupation <small><i>list of persons should not be related to you by blood or marriage.</i></small>	Phone <small><i>(i.e. 000-000-0000 ext.00)</i></small>	Connection to You <small><i>(i.e. Friend, Neighbors)</i></small>	Acquaintances time <small><i>(i.e. from 2019 to present)</i></small>
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EDUCATION/TRAINING- BUSINESS, VOCATIONAL, MILITARY

Name Of Institute	City/State	Years Attended	Major or Title	Diploma, Degree & Etc.	Mark If finished
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

PROFESSIONAL LICENSES OR CERTIFICATES HELD:

TECHNOLOGY SKILLS (List Software Applications you have experiences using- label skill level; NONE, FAIR, GOOD, EXCELLENT. Skill level may be tested during interview)

	Name of Application(s)	Version You use	Skill Level	Other Name of Application(s)	Skill Level
WORD PROCESSING	<i>Word</i>				
SPREADSHEET	<i>Excel</i>				
EHR	<i>eClinicalWorks</i>				
DATABASE	<i>Access</i>				
OTHER SOFTWARE	<i>Power Point</i>				

Document if you are familiar with the following - label skill level; NONE, FAIR, GOOD, EXCELLENT

Description	Skill Level	Description	Skill Level
SCANNER		FAX BOX	
DIGITAL PHONE SYSTEM		COPIER	
10-DIGIT TYPING (WORDS PER MINUTES)		HEADSETS USAGES	

EXPLAIN INTERNET SKILLS, INCLUDING EMAIL USAGE:

MEDICAL TRAINING - Mark the box if you have training in the follow areas:

Medical Terminology Medical History taking Scheduling Appointments

EXPLAIN OTHER MEDICAL SKILLS

INTERPERSONAL SKILLS - At our office patients speak several different languages.

Please identify your language(s) and what level of skill (NATIVE, FLUENT, or BASIC)

LIST OF LANGUAGES	SPEAK IT SKILL LEVEL	READ IT SKILL LEVEL	WRITE IT SKILL LEVEL

EXPLAIN EXPERIENCE WORKING WITH PEOPLE AND WHAT AGE GROUP. INCLUDE ANY SALES EXPERIENCE.

LIST OTHER SKILLS AND EXPERIENCES YOU FEEL ARE IMPORTANT TO KNOW.

CERTIFICATIONS

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either Employer or I may terminate our relationship at any time, and that this employment application does not constitute an employment contract.

EMPLOYMENT APPLICATION RELEASE

I, _____, an applicant for employment with Affleck, M.D. Eye Care, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorize agent of Affleck, M.D. Eye Care, whether they said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background checks/reports, credit report, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

If requested, as a part of my application for employment, I consent to take a drug test. I understand that if I test positive for illegal drugs, I will not be offered employment. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that issue for the purpose of providing a reasonable explanation of my positive drug test.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by Affleck, M.D. Eye Care. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

Applicant's Printed Name: _____

Signature of Applicant: _____ Date: _____

Applicant Date of Birth: _____

Applicants Social Security Number: _____