

# APPLICATION FOR EMPLOYMENT

**Kapperman and White Eyecare**  
**1720 Gunbarrel Rd, Ste 100**  
**Chattanooga, TN 37421**  
**423-892-2020**

Position applied for: \_\_\_\_\_ Agency (if applicable): \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (required for security check)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_  
City                      ST                      Zip

Are you legally eligible for employment in the United States?     Yes             No

(Under the Immigration Reform and Control Act 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference:    Full-time    Part-time    Temporary    Other      Date available: \_\_\_\_\_

Days Available:    Mon.    Tues.    Wed.    Thurs.    Fri.    Sat.    Sun.      Salaried Desired: \_\_\_\_\_

Hours Available:    Day    Evening    Night    Weekends

Do you have any relatives employed at our office?    Yes    No      If yes, who? \_\_\_\_\_

Have you ever filed an application with us before?    Yes    No      If yes, when? \_\_\_\_\_

**RECORD OF EMPLOYMENT (beginning with your most recent employer)**

Company	From	To
Address	Phone	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities	Reason for leaving	
Company	From	To
Address	Phone	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities	Reason for leaving	

Company	From	To
Address	Phone	
Supervisor	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities	Reason for leaving	

EDUCATION					
Type	Name	Major	Last Year Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### TECHNICAL SKILLS

Computer Software Knowledge \_\_\_\_\_

Special Credentialing, Certifications, or Professional Licensing \_\_\_\_\_

Additional Skills and Qualifications \_\_\_\_\_

### WORK REFERENCES

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

### PERSONAL REFERNCES

Name:	Name:
Address:	Address:
Phone:	Phone:

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, explain? \_\_\_\_\_

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all the information on this application is subject to verification and consent to any criminal history background checks. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_