



APPLICATION FOR EMPLOYMENT

ADDRESS: 110 MIDWEST EYE & EAR INSTITUTE, 2080 WOODWINDS DRIVE, WOODBURY, MINNESOTA 55125
PHONE: 651-738-6800, **FAX:** 651-738-6804

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Administrative Services Department.

Position(s) applied for: _____ Date of application: _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
Name of source (if applicable): _____

Name: _____
LAST FIRST MIDDLE
Address: _____ Social Security # _____
Street City State Zip Code
Telephone # _____ Mobile/Other Phone # _____
E-mail Address: _____

If necessary, best time to call you at home is: _____ AM PM

May we contact you at work? YES NO

If yes, work number and best time to call: _____ AM PM

If you are under 18 and it is required, can you furnish a work permit? YES NO

If no, please explain: _____

Have you submitted an application here before? YES NO

If yes, give date(s) and position(s): _____

Have you ever been employed here before? YES NO

If yes, give dates: From: _____ To: _____

Are you legally eligible for employment in this country? YES NO

Date available for work: _____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you travel if job requires it? YES NO

Are you able to meet the attendance requirements of the position? YES NO

Will you work overtime if required? YES NO

If no, please explain: _____

Driver's license number if driving is an essential job function: _____ State: _____

AN EQUAL OPPORTUNITY EMPLOYER



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EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheet if necessary). Explain any gaps in employment in comments section below.

Employer:	Telephone #	Dates employed		Summarize the type of work performed and job responsibilities
Address:		From:	To:	
Starting job title / final job title:		Hourly rates/salary		
Immediate supervisor and title:		\$	Per	
Reason for leaving:		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

Employer:	Telephone #	Dates employed		Summarize the type of work performed and job responsibilities
Address:		From:	To:	
Starting job title / final job title:		Hourly rates/salary		
Immediate supervisor and title:		\$	Per	
Reason for leaving:		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

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May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

SKILLS AND QUALIFICATION

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.



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EDUCATIONAL BACKGROUND (If job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

School	Number of Years completed	DEGREE/DIPLOMA	GPA CLASS RANK	MAJOR	MINOR

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Number of Years Known

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.



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APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with St. Paul Eye Clinic, P.A. is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from St. Paul Eye Clinic, P.A.'s service, whenever it is discovered.

I expressly authorize, without reservation, St. Paul Eye Clinic, P.A., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or Job interview. I hereby waive any and all rights and claims I may have regarding St. Paul Eye Clinic, P.A., its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that St. Paul Eye Clinic, P.A. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and St. Paul Eye Clinic, P.A. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of St. Paul Eye Clinic, P.A. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by St. Paul Eye Clinic, P.A.'s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date: _____