

THE RALEIGH EYE CENTER, P. A.
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name _____ SS# _____

Address _____ E-mail : _____

Home Phone _____ Work Phone _____ Cell/Pager: _____

Referred By: _____

EMPLOYMENT DESIRED

Salary Desired: _____

Position _____ Date you can start _____

Are you employed? _____ May we contact your current employer? _____

EDUCATION

High School: _____ Years Attended _____

Did you graduate? Yes No

College: _____ Years Attended _____

Did you graduate? Yes No Degree in: _____

Trade or Business School: _____ Years Attended _____

Did you graduate? Yes No Degree in: _____

GENERAL

Subjects of special study or special training skills: _____

US Military or Naval Service: _____ Rank: _____

FORMER EMPLOYERS-please list most current first

Employer: _____ Position: _____

Dates of employment: _____ Salary: _____

Address/Phone: _____

Reason for leaving: _____ Supervisor _____

Employer: _____ Position: _____

Dates of employment: _____ Salary: _____

Address/Phone: _____

Reason for leaving: _____ Supervisor _____

Employer: _____ Position: _____

Dates of employment: _____ Salary: _____

Address/Phone: _____

Reason for leaving: _____ Supervisor _____

PROFESSIONAL REFERENCES—*please list former supervisors if possible*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

QUESTIONNAIRE

1. What are you looking for in your new position that you currently do not have?

2. Describe the organization you currently work for: _____

3. What are your specific duties currently? _____

4. Which duties do you like least? _____
Best? _____

5. Why do you want to work in healthcare? _____

6. Describe your computer skills: _____
Have you been trained on Misys PM or Misys Tiger? _____

7. What are your career goals over the next five years? _____

8. What does good customer service mean to you? _____

9. What do you consider to be a satisfactory attendance record? _____ absences/month.

10. What do you do for fun? _____

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

SIGNATURE

DATE

Interviewed By: _____

Hired: Y N

Hire Date: _____

Starting Salary: _____