



BAIER FAMILY OPTOMETRY

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Application for Employment

Please Type or Print. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Name (Last, First, Middle): _____

Other names previously used for school or employment: _____

Street Address: _____ City/State/Zip: _____

Social Security Number: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you eligible to work in the United States? _____ Are you 18 yrs of age or older? _____

If required by position, do you have a valid driver's license? _____ If yes, list state and DL#: _____

How did you learn about this employment opportunity? _____

When can you start? _____ Desired Wage: _____

Have you ever been convicted of a felony (this will not necessarily affect your application)? _____

EDUCATION:

Name of School	City/State	Did You Graduate?	If yes, Date of Graduation	Degree Received
High School:				
GED:				
Other:				
College:				
College:				

Other licenses/credentials/training which are relevant to the job for which you are applying:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

EMPLOYMENT HISTORY: Summarize your employment history for the past 10 yrs starting with the most recent position:

Company	Start/End Dates	Salary	Duties	Reason for Leaving

May we contact the above named employers?_____

REFERENCES:

Name	Phone Number	Address	Relationship

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Baier Family Optometry to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Baier Family Optometry serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the Baier Family Optometry Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____