



Employment Application

Your Path to Clearer Vision

Federal and State law prohibits discrimination in employment practices because of race, color, religion, sex (including sexual harassment), national origin, ancestry, military status, age (40 and over), order of protection status, marital status, sexual orientation (including gender-related identity), unfavorable military discharge and physical and mental disability. We are an equal opportunity employer.

You must fully and accurately complete this Employment Application. Incomplete application will not be considered. This Employment Application will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Employment Application.

(please print)

Employment Desired

Date _____

Position applied for _____

Other positions you would consider _____

Personal Information

Name _____

Last First Middle

Address _____

Street City State Zip Code

Email Address _____

Phone (____) _____ Social Security Number ____ - ____ - ____

Other last names used while working, if any _____

Are you available to work: () Full time () Part time () Temporary

Date you can start _____ Salary expected \$ _____

Have you ever applied for or been employed by this company before? () Yes () No

If so when? _____

Are you employed now? () Yes () No May we contact your present employer? () Yes () No

Are you older than 18 years of age? () Yes () No If hired, can you provide proof of your age? _____

Is there any reason why you will not be able to get to work regularly and on time? () Yes () No If yes, please explain. _____

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Can you travel if the job requires it? () Yes () No

Are you willing to work overtime if requested? () Yes () No

Have you ever been dismissed or forced to resign from any employment? () Yes () No If yes, identify name(s) and relevant dates. _____

Have you ever been convicted of or pleaded guilty to a felony? () Yes () No If yes, please explain. _____

(A conviction record **will not** necessarily disqualify you from employment.)

Do you currently have an active non-compete or confidentiality agreement with a current or prior employer? () Yes () No

Except for vacations and holidays, how many work days were you absent during the past calendar year?

() 0-5 days () 6-10 days () 11-15 days () 16+ days

Comments: _____

Do you have any physical or mental conditions which could affect your ability to perform the type of work for which you are applying? () Yes () No

If yes, please explain and describe the ways in which the Company could accommodate your condition.

Do you have a relative working for this company? () Yes () No

If yes, please provide their name. _____

How did you hear about us? _____

Education

	Elementary	High	College/University	Graduate
School Name				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	-----	()Yes ()No	()Yes ()No	()Yes ()No
Describe Course of study	-----			
Other formal education you feel is relevant to the position for which you are applying?				
Honors Received				
Certifications held Current & Expired				

Employment Experience

List all jobs in order starting with your present or last job. Include military service assignments and your volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, disability or other protected status. ***You must attach a separate sheet if you have been employed by any other employer not listed below within the last 10 years.

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

Employment Experience Continued

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed:
	From	To	
Address:			
Phone Number:	Hourly Rate/Salary		
	Starting	Final	
Job Title:			
Supervisor:			
Reason for Leaving:			

References

Please provide at least two of each type of reference.

(NAME)	(OCCUPATION)	(PHONE)	(TYPE)
1. _____			Personal / Professional
2. _____			Personal / Professional
3. _____			Personal / Professional
4. _____			Personal / Professional
5. _____			Personal / Professional

Please read carefully before signing

The facts set forth above are true and complete. I hereby 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 all parties from all liability for any damage that may result from furnishing same to you. I understand that employment is contingent upon this investigation and, if employed, false or misleading statements in this application shall be considered sufficient cause for dismissal.

I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application and agrees to cooperate in such information, and waive any right to notice of such disclosure. I also acknowledge that in order to apply for the position, I am required to complete the attached Background Check Authorization.

I also agree that I will voluntarily submit to a drug screening if the company, in its sole discretion, deems such screening to be necessary. I acknowledge that a positive drug test is sufficient reason to terminate employment or for a refusal to hire.

I hereby release both Bond Eye Associates and any prior employer, including their agents, employees, representative or attorneys, from all liability which may arise from the providing or use of any persona employment references, and from any obligation to provide me with written notification of such disclosure. I understand that this may include a record of disciplinary action assessed by previous employer or schools. I also understand that, if employed, I will initially be placed on probationary status. Further, I release Bond Eye Associates, including its agents, employees, representatives and attorneys from all liability relating in any way to the drug screening process.

I understand that all employees of Bond Eye Associates are employed on an "At Will" basis. This means that my employment is subject to termination at any time, with or without prior notice, discipline or warning, and with or without cause. I further recognize if I am employed by Bond Eye Associates that I will receive a salary and benefits, and be subject to rules and regulations, but I agree that such salary, benefits, rules and regulations are subject to change by Bond Eye Associates at any time with or without notice to me. I further recognize that nothing contained in any documents published by Bond Eye Associates shall in any way modify the above terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by Bond Eye Associates, except in a writing signed by the Administrator or CEO, specifically waiving these terms and conditions.

Signature of Applicant

Date



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Background Check Authorization

TO WHOM IT MAY CONCERN:

I hereby authorize Bond Eye Associates to conduct a complete background investigation on myself, including, but not limited to, personal information, criminal background, driver's license history and credit history.

Full Legal Name: _____

*Include maiden name, if applicable

Social Security Number: _____

Driver's License # or State ID#: _____

State Issued: _____

Signature: _____

Date: _____