



Delaware Ophthalmology Consultants

Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I. (mm/dd/yyyy)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Rate: \$ _____
(mm/dd/yyyy)

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____
(mm/yyyy) (mm/yyyy)

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
(mm/yyyy) (mm/yyyy)

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____
(mm/yyyy) (mm/yyyy)

REFERENCES

Please list three professional references.

Reference No. 1:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Reference No. 2:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Reference No. 3:

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

PREVIOUS EMPLOYMENT

List Present or Most Current Employer First

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Rate:\$ _____

Ending Rate:\$ _____

Responsibilities: _____

From: _____
(mm/yyyy)

To: _____
(mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Rate:\$ _____

Ending Rate:\$ _____

Responsibilities: _____

From: _____
(mm/yyyy)

To: _____
(mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

Company: _____

Phone: _____

Address: _____

Supervisor: _____

Job Title: _____

Starting Rate:\$ _____

Ending Rate:\$ _____

Responsibilities: _____

From: _____
(mm/yyyy)

To: _____
(mm/yyyy)

Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES

NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____
(mm/yyyy) (mm/yyyy)

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical.

I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character, and qualifications.

I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue.

In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature: _____

Date: _____
(mm/dd/yyyy)

PERSONAL DATA

LAST NAME

FIRST NAME

M.I.

OTHER NAMES USED (INCLUDING MAIDEN NAME(S))

YEARS USED

CURRENT ADDRESS

DATES LIVED HERE

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NO.

DRIVER LICENSE NO. STATE

PREVIOUS ADDRESS OVER PAST SEVEN YEARS

DATE OF RESIDENCE

PREVIOUS ADDRESS OVER PAST SEVEN YEARS	DATE OF RESIDENCE

EMAIL ADDRESS (MAY BE USED FOR CORRESPONDENCE):

I have the right to make a request to any third-party provider of consumer information or consumer investigatory information, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which the third party provider has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

PRINTED NAME

APPLICANT SIGNATURE

DATE (mm/dd/yyyy)

This is a rider to the employment application and is provided separately to each job applicant. The job application and this authorization for release of information are never to be attached as one and the same document. Those persons responsible for considering an applicant for employment are not to review a completed version of this rider. Any adverse decisions will be made on a case-by-case basis.

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, DELAWARE OPHTHALMOLOGY CONSULTANTS may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from one or more third-party consumer reporting agencies.

For explanation purposes:

- A "Consumer Report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of service as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An "investigative Consumer Report" is a consumer report in which information about your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before DELAWARE OPHTHALMOLOGY CONSULTANTS can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in the report, you will be provided a copy of that report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure and authorize DELAWARE OPHTHALMOLOGY CONSULTANTS to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for a subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize DELAWARE OPHTHALMOLOGY CONSULTANTS to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize DELAWARE OPHTHALMOLOGY CONSULTANTS to contact my current employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment / Reference Section of your application).

I do _____ do not _____ authorize DELAWARE OPHTHALMOLOGY CONSULTANTS to contact the US Armed Forces, Maritime Service, Selective Service Administration, any academic dean, registrar principal, guidance counselor or authorized person at any school, college, university, business school, trade school, elementary, high school, any local, state, or federal law enforcement agency, any past or present employer, or any credit bureau and conduct or obtain a consumer report or investigative consumer report.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of DELAWARE OPHTHALMOLOGY CONSULTANTS.

APPLICANT SIGNATURE

DATE (mm/dd/yyyy)