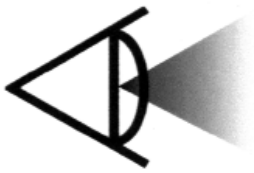

BENNETT & BLOOM
EYE CENTERS®
THE SPECIALISTS IN LASER SURGERY

APPLICATION FOR EMPLOYMENT (Please Print)

Full Name _____ Date _____

Address _____ Telephone _____
Street City-State ZIP

Social Security No. _____ – _____ – _____ Do You Smoke? _____

How Much? _____

EDUCATION

High School Graduate? _____

_____
School Name City-State No. Yrs. Attended

_____
School Name City-State No. Yrs. Attended

College or Other Special Training

_____
School Name City-State No. Yrs. Attended Degree-Major

_____
School Name City-State No. Yrs. Attended Degree-Major

SPECIAL SKILLS (Indicate With Check Mark)

Bookkeeping _____
Filing _____
Shorthand (WPM) _____
Dictating Machine _____
Other Office Equipment
_____
_____

Typing (WPM) _____
Medical Dictation _____
RN _____ LPN _____
Injections _____
ICD-9 & CPT Coding _____

Venepuncture _____
Blood Counts _____
Urinalysis _____
EKG _____
X-ray _____

EMPLOYMENT

Are You Presently Employed? _____

Highest Salary Received _____ What Salary Would You Accept Now? _____

Please list places of employment with present or most recent first.

Dates Employed:

(1) Co. Name _____ ____/____ To ____/____
Mon. Yr. Mon. Yr.
Address _____ Supervisor _____
Position Held _____ Salary _____
Reason For Leaving _____

(2) Co. Name _____ ____/____ To ____/____
Mon. Yr. Mon. Yr.
Address _____ Supervisor _____
Position Held _____ Salary _____
Reason For Leaving _____

(CONTINUE ON PAGE 2)

(3) Co. Name _____ ____/____ To ____/____
Mon. Yr. Mon. Yr.
Address _____ Supervisor _____
Position Held _____ Salary _____
Reason For Leaving _____

(4) Co. Name _____ ____/____ To ____/____
Mon. Yr. Mon. Yr.
Address _____ Supervisor _____
Position Held _____ Salary _____
Reason For Leaving _____

(5) Co. Name _____ ____/____ To ____/____
Mon. Yr. Mon. Yr.
Address _____ Supervisor _____
Position Held _____ Salary _____
Reason For Leaving _____

Please account for any time lapses between employment dates

_____

_____

_____

REFERENCES

Name _____ Name _____

Firm _____ Firm _____

Address _____ Address _____

Telephone _____ Telephone _____

PERSONAL DATA (Optional)

(Volunteer work, membership in service organizations, special interests, etc)

_____

_____

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence and character as it relates to the positon for which I applied. I agree that all statements made in this application may be investigated. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying information. I certify that the information contained in this application is true, complete and correct to the best of my knowledge. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. Further, I understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment unless otherwise set forth in a separate contract.

_____

Signature Date