

Roberts Eyecare Associates

Vestal Commons
3455 Vestal Parkway East
Vestal, New York 13850
607-722-2020 or 607-722-3937 (fax)



75 Main Street
Sidney, New York 13838
607-563-7551 or 607-563-2442 (fax)

Please TYPE or PRINT clearly. *This application must be completed by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate same. We appreciate your interest in our practice.

Roberts Eyecare Associates complies with all Federal and State statues which prohibit discrimination. We consider all applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran, or any other legally protected status.

Name: _____
Last
First
M.I.
Social Security Number

Permanent Address:

Street _____
City
State
Zip
Telephone Number

1. Are you 18 years or older? yes no
2. Are you employed now? yes no
 If so, may we inquire of your present employer? yes no
3. Position applied for: _____ Rate of pay expected \$ ____ /wk Date Available: _____
4. Other position(s) qualified for: _____
5. Are you legally eligible for employment in the United States? yes no
6. Check shift you can work Full Time Part Time Day Evening
 Saturdays
7. Are you available to work overtime ? Yes No
8. Special Licenses or Certifications _____

Expiration Date _____

9. Have you been convicted of and/or plead guilty to a felony or misdemeanor in the past? Yes No
 If yes, please provide us, on the attached sheet of paper, with the specific nature and details for the crime(s), date(s), court location, sentencing information and disposition of the sentence. (Please note: a conviction will not necessarily be a bar to employment.)
10. Have you ever been employed by **Roberts Eyecare Associates**? Yes No

EDUCATION

Circle Highest Grade Completed:	Grade School	High School	College	Graduate
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
	Name and Location		Course	Degree

High School _____

College _____

Other Graduate, Business or Vocational School, or Other Training Skills (such as accounts rec/pay; medication background; computer experience; working with the public; etc):

Employment Record (List the most recent first)

Name of Company _____ Address _____ Telephone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe your Duties and Responsibilities: _____

Name of Company _____ Address _____ Telephone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe your Duties and Responsibilities: _____

Name of Company _____ Address _____ Telephone _____

Dates of Employment: From _____ To _____ Salary Start: \$ _____ per _____

Type of Business: _____ Last: \$ _____ per _____

Your Position/Title _____ Supervisor _____

Reason for Leaving _____

Briefly Describe your Duties and Responsibilities: _____

Explain and give details of any period of unemployment longer than 30 days: (Use additional sheet)

References: (Other than relatives or former employers) (List three)

Name	Complete Address	Telephone	Occupation	Years Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify the above information is true and accurate to the best of my knowledge. I authorize investigation of any information provided on this application and hold harmless all parties furnishing information to you. I also authorize investigation of my employment record and references. I understand that any misrepresentation, falsification or omission is cause for voiding this application or termination of employment if hired. I understand and agree that, if hired, my employment is for no definite period of and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Date _____ Signature of Applicant _____

Bellow are a number of descriptions that may or may not apply to you. If the statement describes you, mark "AGREE", if the statement does not describe you, mark "DISAGREE".

	<u>AGREE</u>	<u>DISAGREE</u>
I am always on time or a little early for everything.	_____	_____
I enjoy approaching new people.	_____	_____
I like change.	_____	_____
I work best in a fast-paced environment.	_____	_____
I have been described as good-natured, even under difficult circumstances.	_____	_____
I can't be pleasant if people are rude to me.	_____	_____
Others have describe me as shy and introverted.	_____	_____
I work best when I am able to complete one task at a time.	_____	_____
I'm hesitant to ask questions when I don't understand something.	_____	_____
I sometimes find it hard to be enthusiastic about work.	_____	_____

Circle the number which describes how often you have performed the task listed.

<u>How often have you:...</u>	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>
Greeted and approached customers	1	2	3
Interacted with customers in a sales environment	1	2	3
Dealt with more than one customer at a time	1	2	3
Dealt with unhappy customers	1	2	3
Straightened and kept sales floor or work area clean and organized	1	2	3
Performed more than one task at a time	1	2	3
Worked closely with others to get the job done	1	2	3
Lifted and moved bulky merchandise from shelving units various heights	1	2	3
Followed directions in assembling furniture	1	2	3
Been in a decision making role	1	2	3
Operated a cash register	1	2	3
Worked in a fast paced environment	1	2	3

Addendum to Employment Application

Additional information regarding question #9. Conviction Record. If you answered Yes, and have been convicted of a felony or misdemeanor in the past, please provide additional information such as the date of the offense, the seriousness and nature of the offense and rehabilitation completed.

I certify, with my signature, that the above is true to the best of my knowledge.

Date _____ Signature of Applicant _____

(Please note: A conviction record will not necessarily be a bar to employment. Factors such as the seriousness and nature of the violation and rehabilitation will be taken into account.)

Roberts Eyecare Associates

3455 Vestal Parkway East
Vestal, New York 13850

Employee Information

Name: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Do you authorize Accurate Background Investigations, Inc. to do a background check and/or credit report?

Yes: _____ No: _____

Applicants Signature: _____ Date: _____

All information Obtained is held confidential.

Accurate Background Investigations, Inc.
1217 Milton Ave. Suite #
Syracuse, New York 13204
Phone (315) 671-0988 Fax (315) 671-0989