

**South Florida Vision Centers
Application for Employment**

Please mail to :

Dr. Robert Coppola

2900 W. Cypress Creek Road Suite # 4

Fort Lauderdale, FL 33309

or

Fax to 954-917-2962

We are seeking highly motivated individuals with a strong commitment to excellence and a desire to advance based on performance. You'll be part of our comprehensive eye care team that provide personal care for each and every patient. Our company is an equal opportunity employer who offers a competitive salary with excellent benefits and plenty of room for growth.

Position: Para Optometric (Optometric Assistant)

Location: _____

Position Status: Full Time Part Time

Salary Requirement? _____

Applicant Data:

First Name: _____

Last Name: _____

Middle: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone #: (____) _____ - _____

Mobile #: (____) _____ - _____

Email: _____

SSN#: _____ - _____ - _____

Status: US CITIZEN PERMANENT RESIDENT H1 VISA

Emergency: _____

Phone#: () _____ - _____

Referred by: _____

Resume: Please attach an optional resume to this document and also include any supplementary information you would like to provide about your career goals, availability, best times to contact you, etc.

Education History:

High School: _____ Years: _____

Graduate: YES NO GED

College: _____ Years: _____

Major: _____

Graduate: YES NO CURRENTLY ENROLLED

Other Education: _____ Years: _____

Program: _____

Graduate: YES NO CURRENTLY ENROLLED

Employment History:

Job 1

Employer: _____

Job Title: _____

Dates Employed: _____

Supervisor: _____ Phone #: (____) _____ - _____

Begin Salary: _____ End Salary: _____

Reason Left: _____

Job 2

Employer: _____

Job Title: _____
Dates Employed: _____
Supervisor: _____ Phone #: (____) _____ - _____
Begin Salary: _____ End Salary: _____
Reason Left: _____

Job 3

Employer: _____
Job Title: _____
Dates Employed: _____
Supervisor: _____ Phone #: (____) _____ - _____
Begin Salary: _____ End Salary: _____
Reason Left: _____

Have you even been employed with South Florida Vision Centers? YES NO

If yes, when?: _____

May we contact your present employer? YES NO

If no, why? _____

Licensed Applicants:

State: _____

License #: _____

Expires: _____

Have you ever been disciplined in any manner by a state regulatory agency for any reason? YES NO

If yes, please describe: _____

Have you ever been discharged or asked to resign from an employer? YES NO

If yes, please explain: _____

Have you ever pleaded guilty or been convicted of a crime other than a traffic violation?

YES NO

If yes, please explain: _____

As a condition of employment consideration, each paragraphed must be read and initialed before the application is signed.

_____ I understand that a false statement or omission of fact and circumstances on this application and/or other documents related to my qualifications and background, such as resume, vitae, etc., may be grounds for not hiring, or for terminating me after I begin employment. I certify that to the best of my knowledge and belief, all statements are correct, complete, current, and made in good faith. I will attach information as necessary to meet this disclosure requirement.

_____ If employed, I understand that I will be subject to and agree to abide by South Florida Vision Centers' policies, procedures, and rules.

_____ I understand and agree that my hours of work, assignments, etc., may be altered to meet the business needs of South Florida Vision Centers.

_____ I consent to the release of information to South Florida Vision Centers from current and former employers, schools, law enforcement agencies, and other individuals and organizations, information relevant to my consideration for employment. Such parties may rely upon this authorization as a waiver of any claim that I may have as a result of the party responding candidly to an inquiry from South Florida Vision Centers. I also understand that South Florida Vision Centers has the right to circulate my employment application and any attachments (i.e., resume, vitae, etc.) throughout South Florida Vision Centers' system and its affiliates.

Printed Name: _____

Signature: _____

Date: _____