

**South Florida Vision Centers  
Application for Employment**

We are seeking highly motivated individuals with a strong commitment to excellence and a desire to advance based on performance. Our company is an equal opportunity employer that offers a competitive salary with excellent benefits and ample room for growth. Primary duties are described as follows, but not limited to the description:

Answer telephone calls promptly, address the patient's concern via telephone or person-to-person. Direct all calls to appropriate personnel. Data entry and chart administration; schedule, re-schedule, and cancel appointments as necessary. Filing of reports and charts. Update patient recalls as necessary. Consistent patient follow-up; keep active cancellation list and use as necessary. Confirm all appointments. Financial responsibilities; obtain proper insurance and vision plan information. Monitor front/back office as needed. Provide fee schedules and insurance information to patients.

**Position:** Receptionist

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 H1VISA

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

Graduate Study: \_\_\_\_\_ 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 paragraph 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: \_\_\_\_\_