Drs. Chad & Diana Douglas
302 Niles Cortland Rd NE, Warren, Ohio 44484
330-394-2020

Date: _____

Name: _____
First Middle Last Maiden

Present Address: _____

How Long: _____ Soc. Sec. Number: _____ U.S. Citizen: ☐Yes ☐No

Phone: _____ Driver's License # (for background) check: _____

Date of Birth: _____ (for background check) Email: _____

Position applied for: _____ Hourly wage desired: _____

Days/Times available to work: _____

No preference _____ Full time or part time? _____

How many hours can you work weekly? _____

Can you work Monday and Wednesday evenings? _____

When are you available to start? _____

Education: Please List High School, College, Business or Trade School and/or Professional School. If complete on resume, then you do not have to list here.

_____

_____

_____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If so, explain number of convictions, nature of offense leading to conviction, how recent such offense, where committed, sentence imposed, and type of rehabilitation.

_____

_____

_____

Have you ever been in the armed forces? ☐ Yes ☐ No

Are you now a member of the National Guard? ☐ Yes ☐ No

Specialty _____ Date Earned _____ Discharge Date _____

Work Experience: Please list your work experience for the past five years (at least) beginning with your most recent job held. If you were self-employed, give firm name. Attach resume or additional sheets if necessary.

Name of Employer: _____

Name of last supervisor: _____

Employment Dates: _____

Pay or salary: Start wage: _____ Final Wage: _____

Your last job title: _____

Reason for leaving: _____

List jobs and duties performed, skills learned, advancements and promotions at this job:

_____

_____

_____

Name of Employer: _____

Name of last supervisor: _____

Employment Dates: _____

Pay or salary: Start wage: _____ Final Wage: _____

Your last job title: _____

Reason for leaving: _____

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_____

_____

_____

Name of Employer: _____

Name of last supervisor: _____

Employment Dates: _____

Pay or salary: Start wage: _____ Final Wage: _____

Your last job title: _____

Reason for leaving: _____

List jobs and duties performed, skills learned, advancements and promotions at this job:

_____

_____

_____

Is there anything else that you'd like us to know about you?

_____

_____

_____

May we contact your present employer? _____

Did you submit a list of references? ☐ Yes ☐ No

Due to professional liability coverage, Douglas Family Eyecare will be performing background checks on all hired employees. Please sign below if you are in agreement. Thank you.

_____