Retinal Consultants Medical Group, Inc.
Employment Application
An Equal Opportunity Employer

Please complete this employment application in its entirety.
Please be sure to bring it with you to your upcoming interview.

Please Print

_____ _____ _____ ___
Date Last Name First Name Middle

Present Address

_____ _____ ____ _____-_____
No. & Street City State Zip

(___)_____ (___)_____ _____
Home Phone Cell Phone Email Address

Permanent Address (if different from present address)

_____ _____ ____ _____-_____
No. & Street City State Zip

Employment Desired

What position are you applying for? _____

Travel between some clinic locations is required for all clinical positions.

Are you willing to travel between clinic locations? ..... ☐ Yes ☐ No

Are you applying for a full-time (FT) or part-time (PT) position? ..... ☐ FT ☐ PT

What days and hours are you available to work? _____

Are you available for work on weekends? ..... ☐ Yes ☐ No

Would you be available to work overtime, if necessary? ..... ☐ Yes ☐ No

If hired, on what date can you start work? ..... _____

Desired Hourly Wage: _____

How did you hear about Retinal Consultants Medical Group, Inc.? _____

Personal Information

Have you ever applied to or worked for Retinal Consultants before? ..... ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for Retinal Consultants ..... ☐ Yes ☐ No

If yes, state name(s) and relationship:

_____ _____
Name Relationship

_____ _____
Name Relationship

Why are you applying for work at Retinal Consultants?

_____

_____

If hired, would you have a reliable means of transportation to and from work? ..... ☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, including being able to work 40 hours per week, either with or without reasonable accommodation? ..... ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been excluded by Medicare or other governmental payer from working for a healthcare facility or medical practice? ..... ☐ Yes ☐ No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for misdemeanor marijuana-related offenses that are more than two years old need not be listed).... ☐ Yes ☐ No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

_____

_____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?..... ☐ Yes ☐ No

If so, may we contact your current employer? ..... ☐ Yes ☐ No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City ____ State _____-_____ Zip	____	☐ Yes ☐ No	_____
College/ University	_____ Name _____ Address _____ City ____ State _____-_____ Zip	____	☐ Yes ☐ No	_____
Vocational/ Business Training	_____ Name _____ Address _____ City ____ State _____-_____ Zip	____	☐ Yes ☐ No	_____
Vocational/ Health Care Training	_____ Name _____ Address _____ City ____ State _____-_____ Zip	____	☐ Yes ☐ No	_____

Many of our patients do not speak English or English is their second language. Do you speak, write or understand any foreign languages? ..... ☐ Yes ☐ No

If yes, which languages(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Retinal Consultants? ..... ☐ Yes ☐ No

If so, please explain:

_____

_____

_____

Answer the following questions if you are applying for a professional position:
Are you licensed/certified for the job applied for? ..... ☐ Yes ☐ No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? ..... ☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

_____

_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ (____)_____
Name of Employer Telephone No.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____
Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Pay: _____ _____
From To Starting Ending

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

_____ (____)_____
Name of Employer Telephone No.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____
Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Pay: _____ _____
From To Starting Ending

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

Employment History, continued

_____ (____)_____
Name of Employer Telephone No.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____
Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Pay: _____ _____
From To Starting Ending

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

_____ (____)_____
Name of Employer Telephone No.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____
Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Pay: _____ _____
From To Starting Ending

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

_____ (____)_____
Name of Employer Telephone No.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ ____ _____-_____
Address & Street City State Zip

Dates of Employment: _____ _____ Hourly Pay: _____ _____
From To Starting Ending

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ..... ☐ Yes ☐ No

If so, describe:

_____

_____

_____

_____

References

List below three persons not related to you who have knowledge of your work performance within the last three years. ***At least two direct supervisors and one co-worker are needed.***

_____ _____
First Name Last Name

_____ (_____)_____-_____
Email Address Telephone No.

_____ _____ ☐ Supervisor ☐ Co-worker
Occupation Yrs of Acquaintance

_____ _____
First Name Last Name

_____ (_____)_____-_____
Email Address Telephone No.

_____ _____ ☐ Supervisor ☐ Co-worker
Occupation Yrs of Acquaintance

_____ _____
First Name Last Name

_____ (_____)_____-_____
Email Address Telephone No.

_____ _____ ☐ Supervisor ☐ Co-worker
Occupation Yrs of Acquaintance

_____ _____
First Name Last Name

_____ (_____)_____-_____
Email Address Telephone No.

_____ _____ ☐ Supervisor ☐ Co-worker
Occupation Yrs of Acquaintance

Please Read Carefully, Initial Each Paragraph and Sign Below

_____
Initials I certify, under penalty of perjury, that all the information above is true and complete. I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any falsification, material omission or misstatement of information on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I further certify that I, the undersigned applicant, have personally completed this application.

_____
Initials I understand that any offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

_____
Initials I hereby authorize Retinal Consultants Medical Group, Inc. and its representatives to contact my prior employers and all others for the purpose of verification of all information I have supplied, and to thoroughly investigate my references, work record, education, professional credentials, and other matters related to my suitability for employment. Further, I authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is "at-will" – that is, it is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____
Initials I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated medical practitioner and at the Company's expense upon receiving a conditional offer of employment from the Company.

_____
Initials I understand and agree that in connection with my application for employment or possible assignment to another position within the Company, the Company may solicit and obtain information related to my character, work habits, job performance, experiences and abilities, and the reasons for the termination of past employment. I also understand and agree that the Company may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences, to the extent permitted by law. Should the Company obtain public records related to me (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment), I understand that I am entitled to copies of any such public records within seven (7) business days unless I mark the check box below. If the Company takes any adverse action based on the information

in such records, including denying me employment, I understand I am entitled to a copy of any such records even though I have checked the box below.

❑ I waive receipt of a copy of any public record described in the paragraph above.

_____ _____

Date Applicant's or Employee's Signature