



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. We are an equal opportunity employer and we offer employment on the basis of ability, experience, training, and character.

(PLEASE PRINT)

Position(s) Applied For:		Date of Application:	
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone Number(s):			
Home:		Cell:	

Education

	High School	Undergraduate College/University	Graduate / Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities. Describe any honors you have received.			
Can you furnish records of completion of schools and/or courses as indicated above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? (If Yes, give Job Title and response by Academy) _____ ☐ Yes ☐ No

Have you ever been employed with us before? (If Yes, give dates and titles) _____ ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer now? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

On what date would you be available for work? _____

The Academy requires all employees to be available to travel out of the area and/or state to the American Academy of Ophthalmology's Annual Meeting and work the days and hours needed. Would you be able to meet these requirements? ☐ Yes ☐ No

Can you travel if the job you are seeking requires it? ☐ Yes ☐ No

Have you ever initiated or been involved in an act of violence in the workplace? If Yes, please explain: ☐ Yes ☐ No

Employment Experience

List ALL employment experience, starting with your present or last job. Do not leave any gaps in your employment history. Include any job-related military service assignments and work in volunteer organizations. If you need additional space, please continue on a separate sheet of paper.

Employer:		
Address:		Tel: ()
Dates Employed:	From:	To:
Job Title:		Supervisor's Name:
Work Performed:		
Reason for Leaving:		

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Address:		Tel: ()
Dates Employed:	From:	To:
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Address		Tel: ()
Dates Employed:	From:	To:
Job Title:		Supervisor's Name:
Work Performed:		
Reason for Leaving:		

References

Give name, address and telephone number of three professional references not related to you, including one supervisor.

Name, Address, City, State, Zip Code:	Telephone Number: ()
	Years Acquainted:
Name, Address, City, State, Zip Code:	Telephone Number: ()
	Years Acquainted:
Name, Address, City, State, Zip Code:	Telephone Number: ()
	Years Acquainted:

Applicant's Statement

I understand that if I am offered employment, I must comply with the following:

- I will conform to the policies and processes of the Academy.
- I authorize the Academy to contact my references, to contact my prior supervisors and employers, to verify my educational credentials, to investigate my credit and criminal records, and to otherwise investigate my employment credentials at the Academy's discretion. I also agree to cooperate with the Academy to help obtain the above information.
- I release and hold harmless the Academy and its employees from any and all claims involving the receipt, release and use of my employment records and background information, including any reference, credit and criminal checks.
- I understand that consideration for employment is contingent upon my consent to the release of a consumer or investigative consumer report(s) to the Academy regarding my background. I also understand that any offer of employment is contingent upon the Academy's review of the information contained in any such consumer or investigative consumer report(s).
- I understand that if I am employed, any false statement, misrepresentation, or omission of fact(s) on this application or on any supporting documents, regardless of when discovered to be false or omitted, may result in my immediate dismissal.
- I agree and understand that if I am offered a position with the Academy, it will be offered on the condition that my employment shall be "at will" and for no definite period, and that I have no express or implied contractual rights to continued employment with the Academy. I understand that just as I have the right to terminate my employment at any time, for any or no reason, the Academy also has the right to terminate my employment at any time, for any or no reason, with or without cause or notice.

My signature below certifies that I have read, understood and agreed to the foregoing.

Date

Signature of Applicant