

FOCAL POINT COMPREHENSIVE VISION CARE

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APPLICATION FOR EMPLOYMENT

(Please print)

NAME:

Last First Initial

ADDRESS: _____ CITY _____ PROV _____

POSTAL CODE: _____ TELEPHONE: _____ CELL: _____

POSITION APPLIED FOR: _____ DATE: _____

AVAILABILITY: FULL TIME PART TIME CASUAL ANY DAYS OF THE WEEK

DATE AVAILABLE TO START: _____

HOW DID YOU LEARN ABOUT US?

ADVERTISEMENT FRIEND WALK IN RELATIVE OTHER

HAVE YOU FILED AN APPLICATION WITH US BEFORE?

YES NO DATE: _____

HAVE YOU BEEN EMPLOYED WITH US BEFORE?

YES NO DATE: _____

ARE YOU CURRENTLY EMPLOYED?

YES NO WHERE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO _____

ARE YOU CURRENTLY ON "LAYOFF" STATUS AND SUBJECT TO RECALL? YES NO

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE IN THE LAST 7 YEARS?

YES NO IF YES, PLEASE EXPLAIN

