



General Ophthalmology and Ophthalmic Surgery

Jack M. Cooper, M.D. • Trang D. Le, M.D. • Beverly B. Bishop, M.D. • Jeffrey B. Robertson, M.D.

Date _____

Name _____ Soc.Sec.# _____
Last First Middle

Present Address _____
No. Street Apt. City/State/Zip

Phone _____ Phone (cell) _____ Phone(message) _____

Position Applied for _____ Secondary request _____

Salary Desired _____

If your application is considered favorable, what date are you available to begin work? _____

Are you able to work Saturdays or overtime if needed? _____

Have you ever been convicted of a felony? _____

(A felony conviction does not automatically disqualify applicants.)

If yes, describe in full _____

Please describe any physical condition that may limit your ability to perform the job applied for

Record of Education: Education	City/State of School Name & Location	Graduate/Certification	Major
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High School _____

College _____

Other _____

Are you legally eligible for employment in the U.S.A.? _____

(Proof of identity and citizenship or immigration status will be required upon employment.)

Previous Employment (Last three positions held)

Month/Year* Name & Address of Employer Phone

Start _____

End _____

Position Title/Job Description _____

Reason for leaving _____



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Month/Year* Name & Address of Employer Phone

Start _____

End _____

Position Title/Job Description _____

Reason for leaving _____

Month/Year* Name & Address of Employer Phone

Start _____

End _____

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Are there other experiences or skills, which would especially qualify you for work with our organization?

Have you ever been bonded? _____ If yes, on what jobs? _____

This document does not constitute an employment contract. Employment is at the will of both the employer and the employee. I certify that all information provided above is true and complete and that any misrepresentation may subject me to disqualification or dismissal. I authorize the verification of the above by this office as required and authorize my previous employers to release to the company the information requested.

Signature _____ Date _____
