

PINNACLE EYE CARE, LLC
d/b/a VisionFirst

EMPLOYMENT APPLICATION
Please Type or Print

Date: _____ Date Available: _____

All questions must be answered carefully and completely. If you have a resume, please attach it to this application.

Name: _____
Last First Middle

Social Security No.: _____/_____/_____

Address: _____ Phone #: () _____
Number and Street

_____ Cell #: () _____
City State Zip Code

Position Desired: _____ Salary Desired: _____

Check type of employment desired: Full Time Part Time Pier Diem Temporary

Check days available: ___ Mon. ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Hours Available: _____ Willing to work overtime? ___ Yes ___ No

Geographical Preference: _____

Are you:

Over the age of 18? ___ Yes ___ No

A previous applicant? ___ Yes ___ No

A previous employee? ___ Yes ___ No

If you are offered employment, will you be able to provide proof that you are legally eligible for Employment in the United States? ___ Yes ___ No

If the position applied for requires a licensed driver, are you a licensed driver? ___ Yes ___ No
N/A

Place a check to indicate source of referral:

Advertisement - Name of publication: _____

Employee - Name of employee: _____

Employment Agency: - Name of Agency: _____

Other: _____

Have you ever been charged with a crime? ___ Yes ___ No

If yes, describe in detail: _____

Other than traffic violations, have you ever been convicted of a crime? Yes No

If yes, describe in detail: _____

WORK EXPERIENCE

Note: Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more. A resume providing this information may be attached as a supplement.

Present/Last employer _____ Type of business _____

Address _____ Phone # _____

Start Date _____ Leave Date _____ Salary _____

Reason for leaving _____

Job Title _____ Supervisor and title _____

May we contact you supervisor? Yes NO

Description of job and duties: _____

Present/Last employer _____ Type of business _____

Address _____ Phone # _____

Start Date _____ Leave Date _____ Salary _____

Reason for leaving _____

Job Title _____ Supervisor and title _____

May we contact you supervisor? Yes NO

Description of job and duties: _____

Present/Last employer _____ Type of business _____

Address _____ Phone # _____

Start Date _____ Leave Date _____ Salary _____

Reason for leaving _____

Job Title _____ Supervisor and title _____

May we contact you supervisor? Yes NO

Description of job and duties: _____

EDUCATION AND TRAINING

Please complete all appropriate items.

TYPE OF SCHOOL	NAME OF SCHOOL	DEGREE EARNED	MAJOR/MINOR FIELDS OF STUDY
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High or Trade School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Business Or Tech. School		Degree/Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Colleges		Degree/Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Other Training (Explain)

Note: Please list academic honors, scholarships, or fellowships; memberships in academic honorary societies; or participation in or offices held in extracurricular activities you consider significant. (Exclude those indicating race, color, religion, national origin.)

ADDITIONAL QUALIFICATIONS

What knowledge, special technical or computer skills, and/or individual capabilities do you have which especially prepare you for the position you have applied for?

Publications, Awards, etc.:

Military: Branch of service: _____ Rank at discharge: _____ Number of years of service: _____

List duties in the service, including schools and training:

APPLICANT STATEMENT

Pinnacle is committed to equal opportunity in employment and does not discriminate based on race, color, sex, national origin, religion, disability, age, or any other legally protected characteristic under applicable state, federal or local law. Accordingly, nothing in this application or the hiring process will be used to discriminate against any applicant on those grounds.

By signing this application, I consent to have *Pinnacle* contact anyone that it considers appropriate to investigate or verify any information I have given, or to discuss my background, past performance or suitability for employment. I also consent to being discussed by any person that *Pinnacle* contact and I agree not to bring any claim for defamation, invasion of privacy, or any other action against anyone contacted by *Pinnacle* based on what that person says or writes about me concerning my suitability for employment.

By signing this application, I am representing that all statements in this application are true and complete to the best of my knowledge and that I have not withheld anything that would affect this application unfavorably. I understand that if any statements in this application are found to be false or misleading, that will be a basis for rejecting my application for employment. I also understand that if I become employed by *Pinnacle*, and any statements in this application are found to be false, or misleading, I will be subject to immediate termination of employment.

By signing this application, I understand and acknowledge that nothing in this application or the hiring process is intended to create an employment contract between *Pinnacle* and me. I also understand and acknowledge that if I am employed, I will be **employed at will**, which means that I may resign from employment at any time for any reason, with or without notice or warning and with or without cause, and that *Pinnacle* may terminate my employment at any time for any reason, with or without notice or warning and with or without cause. I understand that this description of my possible employment relationship with *Pinnacle* supersedes any earlier oral or

written representations or statements that may have been made to me. I also understand that if I become employed, no one will have the authority to change the fact that I will be employed at will except the President of *Pinnacle*, and that any such changes will have to be in writing and signed by the President to be effective.

Arbitration. Any dispute, controversy or claim arising out of or in connection with, or relating to, this shall upon the request of any party involved, be submitted to, and settled by, arbitration in Jefferson County, Kentucky pursuant to the Federal Arbitration Act and the commercial arbitration rules then in effect of the American Arbitration Association (or at any time or at any other place or under any other form of arbitration mutually acceptable to the parties so involved). Any award rendered shall be final and conclusive upon the parties and a judgment thereon may be entered in the highest court of the forum, state or federal, having jurisdiction. The expenses of the arbitration shall be borne equally by the parties to the arbitration, provided that each party shall pay for and bear the cost of its own experts, evidence and counsel's fees, except that in the discretion of the arbitrator, any award may include the cost of a party's counsel if the arbitrator expressly determines the party against whom such award is entered has caused the dispute, controversy or claim to be submitted to arbitration as a dilatory tactic.

By signing below, I acknowledge that I have read and understand each of the foregoing statements as to what my signature means.

Applicant Signature

Date