

# Akstein Eye Center

86 Upper Riverdale Rd Suite 100  
 Riverdale, GA 30274  
 Office: 770-996-4844 \* Fax: 770-907-0884

Date Received: \_\_\_\_\_

<b>Personal Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Today's Date</b>
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____Yes ____No			
<b>Title of Position Applying For</b>			<b>Date Available to Work</b>
Have you been previously interviewed or employed by Akstein Eye Center? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for the Akstein Eye Center? ____Yes ____No If Yes, list names and relationship to you:			
Are you employed now?		If so, may we contact your present employer?	

<b>Education</b>				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: Finish:		
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for Public Works Position, Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_ Class B \_\_\_\_\_ Class C \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Election of Veteran's Preference**

Do you wish to claim a veteran's preference?     Yes     No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Akstein Eye Center is an Equal Opportunity Employer. It is the policy of the City of Clayton County, Fayette County and McDonough GA, not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date