



Brookville - Corporate Office:
50/52 Waterford Pike
Brookville, PA 15825
Toll-free: (800) 494-2020
Local: (814) 849-8344
Website: www.laureleye.com

The Laurel Eye Clinic and the Laurel Laser & Surgery Center provide equal opportunity for all qualified individuals without distinction or discrimination because of race, color, religion or creed, sexual orientation, ancestry or national origin, age, sex, genetic information, disability, status as a veteran or any other characteristic protected by federal, state or local law.

AN EQUAL OPPORTUNITY EMPLOYER

The Laurel Eye Clinic and the Laurel Laser & Surgery Center are proud to provide a smoke-free environment at all locations. Smoking is not permitted in any Laurel facility.

Thank you for your interest in employment opportunities at the Laurel Eye Clinic and the Laurel Laser & Surgery Center and for taking the time to complete this employment application. We will give this application every consideration. However, in accepting it, the Laurel Eye Clinic and the Laurel Laser & Surgery Center makes no commitment of employment to the applicant.

BASIC INFORMATION				
Name				
First		Middle		Last
Address				
Street		City	State	Zip Home Telephone
Cell Phone		E-mail address		
Position(s) for which you are applying				
Date available to work:		Are you seeking: Full-time		Part-time
Salary requirements:				
How were you referred to the Laurel Eye Clinic / Laurel Laser & Surgery Center?				
Do you have the right to legally work in the U.S.?		Are you 18 years of age or older?		
EDUCATION	Did you graduate?	Major	Degree/Course of Study	
High School				
Business or Trade School				
College				
Graduate School				
ADDITIONAL INFORMATION				
Have you previously made application to the Laurel Eye Clinic / Laurel Laser & Surgery Center?				
Have you previously been employed by the Laurel Eye Clinic / Laurel Laser & Surgery Center?				
Do you now have or have you previously had relatives employed with the Laurel Eye Clinic / the Laurel Laser & Surgery Center?				
If yes, please explain.				
Have you ever been convicted* of an offense other than a minor traffic violation? **				
If yes, please explain.				
* includes guilty pleas of no contest				
** the existence of a criminal record does not constitute an automatic bar to employment				
MILITARY SERVICE				
Branch	Rank	Date:	Status	N/A

EMPLOYMENT HISTORY			
Name of Employer		Telephone	
City/State		Supervisor	May we contact?
Dates of Employment Mo. Year TO Mo. Year		Your Job Title	
Starting Salary		Describe Responsibilities	
Final Salary			
Reason for Leaving		Are you on layoff and subject to recall? Yes No	
Name of Employer		Telephone	
City/State		Supervisor	May we contact?
Dates of Employment Mo. Year TO Mo. Year		Your Job Title	
Starting Salary		Describe Responsibilities	
Final Salary			
Reason for Leaving		Are you on layoff and subject to recall? Yes No	
Name of Employer		Telephone	
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City/State		Supervisor	May we contact?
Dates of Employment Mo. Year TO Mo. Year		Your Job Title	
Starting Salary		Describe Responsibilities	
Final Salary			
Reason for Leaving		Are you on layoff and subject to recall? Yes No	

Have you ever been disciplined or discharged for misconduct or unsatisfactory service or forced to resign from any position? If so, state date, name and address of your employer and reason for discharge or forced resignation in each case.

ACKNOWLEDGEMENT & SIGNATURE

By completing this application for employment with the Laurel Eye Clinic and the Laurel Laser & Surgery Center , I am representing and warranting to the Laurel Eye Clinic and the Laurel Laser & Surgery Center that I am not a party to any oral or written agreement with a prior employer or contractor that would in any manner restrict or impair my ability to perform the job functions of the position for which I am applying. If the immediately preceding sentence is not accurate, then I have identified for the Laurel Eye Clinic and the Laurel Laser & Surgery Center on a separate page submitted with my application the name address, contact person, and contact telephone number of all prior employers and contractors with whom I have agreed to be bound by any form of confidentiality, proprietary information, non-competition, or trade secrets agreement.

If any employment relationship is established, I understand any time and for any reason, I retain the right to terminate my employment and that the Laurel Eye Clinic and the Laurel Laser & Surgery Center retains a similar right. I acknowledge I am employed at will.

I acknowledge that statements that may be contained in policies, practices, handbooks and other Practice material do not create any guarantee of employment. Any promises to the contrary will be relied on by me only if they are in writing and signed by an authorized Laurel Eye Clinic or Laurel Laser & Surgery Center official.

I understand that the Laurel Eye Clinic and the Laurel Laser & Surgery Center has the right to modify, amend or terminate policies, practices, benefit plans and other Laurel Eye Clinic or Laurel Laser & Surgery Center programs within the limits and requirements imposed by law.

I understand that the accuracy and completeness of my statements will be relied on by Laurel Eye Clinic and the Laurel Laser & Surgery Center. I authorize investigation of all statements contained in this application and permit Laurel Eye Clinic and the Laurel Laser & Surgery Center to obtain any transcripts, records or documents pertaining to my background and business experience. I also agree to release the Laurel Eye Clinic and the Laurel Laser & the Surgery Center from any liability arising therefrom and understand that any misstatements, omissions or false statements made by me may be cause for dismissal.

Signature _____ Date _____

Note: Upon submitting the form, the completed PDF form will attach to a new e-mail. Please attach your resume, etc. at that time.