



Marianas Eye Institute

Application for Employment

IMPORTANT: Only completed applications will be considered. Application must be accompanied by copy of US passport, birth certificate, Green Card, or FAS passport; and aptitude test which will be administered in person. Police clearance required upon hiring
We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Position Applied For: _____ **Date:** _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

e-mail address

Social Security Number

Telephone

1. Are you a US Citizen, Permanent Resident or FAS Citizen? YES NO
2. Have you been known by a different name? Please specify: _____
3. What languages do you speak fluently? _____
4. Do you have experience working with computers? ____ Yes ____ No
5. Are there specific experiences or special qualifications which would especially qualify you for work with Marianas Eye Institute? (List skills, licenses held, computer experience, and other relevant information)

6. Have you ever been convicted of a felony? ____ Yes ____ No

II. Educational History

	School Name/Locatio	Years Completed	Degree/Diploma
Elem/Jr. High			
High School			
College			
Tech. Training			
Other			

III. Employment Record *Please include all employment for the last five years.*

1.	<hr/> Company Name (Current or Most Recent Employer) <hr/> Manager / Supervisor <hr/> Reason For Leaving	<hr/> Position Held Dates Employed: <hr/> From To <hr/> Telephone <hr/> Wage/Salary
2.	<hr/> Company Name <hr/> Manager / Supervisor <hr/> Reason For Leaving	<hr/> Position Held Dates Employed: <hr/> From To <hr/> Telephone <hr/> Wage/Salary
3.	<hr/> Company Name <hr/> Manager / Supervisor <hr/> Reason For Leaving	<hr/> Position Held Dates Employed: <hr/> From To <hr/> Telephone <hr/> Wage/Salary

IV. References: **Must be past or present supervisor, teacher, etc. Do not include family or friends.**

1.	<hr/> Name <hr/> Occupation	<hr/> Years Known <hr/> Telephone Email
2.	<hr/> Name <hr/> Occupation	<hr/> Years Known <hr/> Telephone Email
3.	<hr/> Name <hr/> Occupation	<hr/> Years Known <hr/> Telephone Email

V. Work Availability

1. What date are you available to begin work? _____
2. Circle days available: M T W TH F S SU
3. Hours available: Days _____ Evenings _____
4. Can you work overtime? () Yes () No
5. Can you work evenings? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you request?

\$ _____ per _____ (You *must* complete this for your application to be considered.)

VII. Motivation Briefly describe why you want to work at Marianas Eye Institute, and why we should hire you.