



**APPLICATION FOR EMPLOYMENT**  
Triad Eye Associates, OD, PA

Triad Eye Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Complete this Application Form and either mail it to  
**Triad Eye Associates**  
 Attention: Practice Administrator  
 10564 N. Main Street  
 Archdale, NC 27263  
 or email a PDF to [archdale@triadeyecare.com](mailto:archdale@triadeyecare.com)

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:**

Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:**

Number of Years Completed (circle one)    1    2    3    4

**Diploma:** \_\_\_\_\_ Yes \_\_\_\_\_ No    **G.E.D** \_\_\_\_\_ Yes \_\_\_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one)    1    2    3    4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

Major: \_\_\_\_\_ Degrees Earned \_\_\_\_\_

\_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_ City/State \_\_\_\_\_

Course: \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

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**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of \_\_\_\_\_ License Number \_\_\_\_\_  
State Name

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

\_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.  
Consideration for employment after 30 days requires a new application.**

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**SKILLS:**

Office: Typing \_\_\_\_\_ wpm

\_\_\_\_\_ Microsoft Word    \_\_\_\_\_ Excel    \_\_\_\_\_ PowerPoint

Other Software Skills: \_\_\_\_\_

Have you ever been employed in any facility of Triad Eye Associates?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please state facility name, location, and dates of employment.

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**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than a minor traffic offense?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

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**EMPLOYMENT:**

List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If employment was under a different name, indicate name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ No. of Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_ No. of Hours \_\_\_\_\_

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Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hours \_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hours \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

## REFERENCES:

### Professional:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

**Personal:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

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**APPLICANT’S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Triad Eye Associates to verify their accuracy and to obtain reference information on my work performance. I hereby release Triad Eye Associates from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the polices, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate any employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_