



Eye Clinic of Fairbanks
Employment Application

The Eye Clinic of Fairbanks is an Equal Opportunity/Affirmative Action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical/mental disability.

Personal Information		
Name (Last, First, Middle Initial)	Social Security Number:	
Other Name(s) Used:	Home Phone #:	
Mailing Address:	Business Phone #:	
Physical Address: (if different from mailing)	May we contact you at work? Yes No Cell Phone #:	
Position Applied For:	Desired Salary:	Referred By:
Have you ever been employed by the Eye Clinic of Fairbanks? <div style="text-align: center;">Yes No</div>	If yes, list date(s), job title(s), and location(s):	
Do you have relatives employed by the Eye Clinic of Fairbanks? <div style="text-align: center;">Yes No</div>	If yes, whom?	
Are you at least 18 years old? <div style="text-align: center;">Yes No</div>	If under 18, do you have a work permit?	
Have you ever been sanctioned by a State or Federal agency relating to medical fraud or abuse? <div style="text-align: center;">Yes No</div>	If yes, please explain:	
Do you have any commitments to another employer that might affect your employment with the Eye Clinic of Fairbanks? <div style="text-align: center;">Yes No</div>	If yes, please explain:	

Education

(Circle Highest Grade Completed)

High School 9 10 11 12

College, Trade or Business 1 2 3 4

Graduate Studies

School	Address	Major Studies	Degree/Diploma/ License/Certificate
High School			
College/University			
Vocational/Business/Other			

List Any Professional Designations

Other Special Knowledge, Skills or Qualifications

For Clerical Applicants Only

Do you type?

Yes

No

If yes, WPM:

Computer Skills (Hardware/Software)

Employment History

List all employment for the past 10 years, starting with the most recent position. All information must be completed. You may attach a resume but not in place of completing the required information.

Employed From:	Employer Name	Supervisor Name:	Starting Salary:
/ /			
Employed Until:	Employer Address	Supervisor Phone #	Ending Salary:
/ /			
Job Title	Reason for Leaving:		

Duties and Responsibilities:

May we contact this employer?

Yes

No

Employment History (continued)

Employed From: / /	Employer Name	Supervisor Name:	Starting Salary:
Employed Until: / /	Employer Address	Supervisor Phone #	Ending Salary:
Job Title		Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			

Employed From: / /	Employer Name	Supervisor Name:	Starting Salary:
Employed Until: / /	Employer Address	Supervisor Phone #	Ending Salary:
Job Title		Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			

Employed From: / /	Employer Name	Supervisor Name:	Starting Salary:
Employed Until: / /	Employer Address	Supervisor Phone #	Ending Salary:
Job Title		Reason for Leaving:	
Duties and Responsibilities:			
May we contact this employer? Yes No			

Certification & Authorization

I certify that the above information is true and correct. I understand that, in the event of my employment by the Eye Clinic of Fairbanks, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

Applicant signature

Date

1919 Lathrop St., Suite 103 * Fairbanks, Alaska 99701-5953 * 907/456-7760
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FAX: 907/451-7916