

# JOB APPLICATION

Eye Clinic of Fairbanks  
116 Minnie St, Fairbanks, Alaska 99701  
907-456-7760

Eye Clinic Of Fairbanks is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## Applicant Information

*Applicant Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*City, State and Zip Code:* \_\_\_\_\_

*Telephone Number:* \_\_\_\_\_

*Email Address:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

## Employment Position

*Position(s) applying for:*

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Salary desired: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for Eye Clinic of Fairbanks before? \_\_\_\_\_

Yes

No

If yes, when?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Eye Clinic of Fairbanks? \_\_\_\_\_

Yes

No

If yes, state name & relationship:  
\_\_\_\_\_  
\_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Yes

No

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_

Yes

No

What document can you provide as proof of citizenship or legal status?

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Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition which would require job accommodations? Yes No

If yes, please describe accommodations required below.

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: Eye Clinic of Fairbanks complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**Additional Information:**

Are you able to work in a fast paced environment

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Are you able to lift up to 30 pounds in weight with ease

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Are you able to lift, bend, stand, sit for extended time during the work day

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**AT-WILL EMPLOYMENT**

The relationship between you and the Eye Clinic of Fairbanks is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Eye Clinic of Fairbanks. No representative of Eye Clinic of Fairbanks has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_