

**NEW YORK CORNEA, PLLC**  
CORNEA AND EXTERNAL EYE DISEASE

**PRE-EMPLOYMENT APPLICATION**

*We do not discriminate on the basis of race, color, religion, national origin, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.*

**PLEASE PRINT, except where signature is required on back of application.**  
**Answer each question fully and accurately.**

Job Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you seeking: Full - time ( ) Part - time ( ) Temporary ( ) employment?

When could you start work: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial ( ) Telephone #

\_\_\_\_\_  
Present Street Address City State Zip

Cell#: ( ) -

Social Security#: - -

Are you 18 years or older? Yes ( ) No ( )

If no, can you provide work permit, if necessary? Yes ( ) No ( )

Did you complete: High School ( ) or GED ( )

Did you complete college? Yes ( ) No ( ) Name? \_\_\_\_\_ Major? \_\_\_\_\_

Do you have special licensing or certifications? Yes ( ) No ( ) If yes, explain \_\_\_\_\_

Can you provide proof of legal right to work in USA? Yes ( ) No ( )

Do you speak English? Yes ( ) No ( )

Other Languages? \_\_\_\_\_

**ARMED FORCES experience?** Yes ( ) No ( ) If yes, Branch: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Can you work weekends and evenings if necessary? Yes ( ) No ( )

Are you willing to have a drug screen? Yes ( ) No ( )

Can you travel, if required? Yes ( ) No ( )

Have you been convicted of a felony within the last 7 years? Yes ( ) No ( )

Either answer to this question does not necessarily disqualify applicant from employment.

Have you worked here before? Yes ( ) No ( )

Are you related to an employee of this company? Yes ( ) No ( )

Are you currently employed? Yes ( ) No ( ) If yes, may we contact your employer? Yes ( ) No ( )

Please provide us with three PROFESSIONAL references that are not relatives:

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Name Occupation Contact #

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Name Occupation Contact #

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Name Occupation Contact #

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

State any additional information you feel may be helpful to us in considering your application:

---

---

---

---

---

---

---

---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes ( ) No ( )

**ADDITIONAL WORK SKILLS:**

**DO YOU HAVE EXPERIENCE IN THE FOLLOWING?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Record Keeping                | <input type="checkbox"/> Dictaphone                 | <input type="checkbox"/> Assisting Patients in Clinic           |
| <input type="checkbox"/> Bank Reconciliation           | <input type="checkbox"/> 10- Key                    | <input type="checkbox"/> Screening Patients                     |
| <input type="checkbox"/> Accounts Reconciliation       | <input type="checkbox"/> Calculator                 | <input type="checkbox"/> Obtaining History & ROS                |
| <input type="checkbox"/> Running Computer Reports      | <input type="checkbox"/> Statistical Typing         | <input type="checkbox"/> Neutralizing glasses                   |
| <input type="checkbox"/> Payroll                       | <input type="checkbox"/> Typing Speed _____         | <input type="checkbox"/> Checking Patient's IOP                 |
| <input type="checkbox"/> Responsibility Handling Cash  | <input type="checkbox"/> General Computer Software: | <input type="checkbox"/> Checking Patient's BP                  |
| <input type="checkbox"/> Internet Use                  | Name of Software: _____                             | <input type="checkbox"/> Refraction                             |
| <input type="checkbox"/> Accounts Payable              |   | <input type="checkbox"/> Slit Lamp Evaluations                  |
| Name of Software: _____                                |   | <input type="checkbox"/> Dealing with Contact Lens              |
| <input type="checkbox"/> General Ledger                |   | <input type="checkbox"/> Surgery Counseling                     |
| <input type="checkbox"/> Trial Balance                 |   | <input type="checkbox"/> Surgery Scheduling                     |
| <input type="checkbox"/> Financial Statements          |   | <input type="checkbox"/> Pre-op Testing                         |
| <input type="checkbox"/> Full Charge Bookkeeper        |   | <input type="checkbox"/> Testing Equipment you can demonstrate: |
| <input type="checkbox"/> Phones                        |   |   |
| <input type="checkbox"/> Schedule Patient Appointments |   |   |
| <input type="checkbox"/> Triaging Patient Phone Calls  |   |   |
| <input type="checkbox"/> Medical Office Software:      |   |   |
| Name of Software: _____                                |   |   |

Driving Experience and Qualifications: \_\_\_\_\_

Current Driver's License: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
State License # License Type Expiration Date

Have you ever been denied a license or privilege to operate a motor vehicle? Yes ( ) No ( )

Has any driver's license, permit, or privilege ever been suspended or revoked? Yes ( ) No ( )

I, \_\_\_\_\_, request and authorize disclosure of my driving record from the Department of Motor Vehicle to the employer who is considering me for employment.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of the time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Begin with your most recent employment. Attach additional sheet if needed. **THIS MUST BE COMPLETED, ATTACHING A RESUME IS NOT SUFFICIENT.**

1. NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATE OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP	PAY: START \$: FINAL \$
SUPERVISOR NAME: TELEPHONE ( ) -	REASON FOR LEAVING:
2. NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATE OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP	PAY: START \$: FINAL \$
SUPERVISOR NAME: TELEPHONE ( ) -	REASON FOR LEAVING:
3. NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATE OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP	PAY: START \$: FINAL \$
SUPERVISOR NAME: TELEPHONE ( ) -	REASON FOR LEAVING:
4. NAME OF EMPLOYER:	JOB TITLE AND DUTIES:
ADDRESS:	DATE OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP	PAY: START \$: FINAL \$
SUPERVISOR NAME: TELEPHONE ( ) -	REASON FOR LEAVING:

**APPLICANT'S AGREEMENT:  
I UNDERSTAND AND AGREE THAT:**

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. If employed, I may terminate my employment at any time without notice or cause and the company may Terminate or modify the relationship at any time without notice or cause. I agree to conform to the rules and regulations of the company and I understand that no department head of representative of the company, Other that the president/owner or a designed officer of the company has the authority to into any agreement For employment for any specified period of time or make any agreement contrary to this agreement.
3. As a condition of employment or my continued employment, I may be requested by the company to submit To a urinalysis, drug screen, and/or other tests and that my failure to take such consideration for employment, or if I am then employed, may result in my immediate termination.
4. Although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times make the following conditions required: overtime, rotating work schedule, or work schedule that may include Saturday and Sunday.
5. I authorize the company to verify all information provided by me and to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of any reference-related information about me held or known by my former employers, supervisors and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, performance, attendance, conduct, or other work-related characteristics or issues held or known by other organizations or individuals, including schools and educational institutions, professional or business associates and friends/acquaintances that the company might contact in the course of conducting a reference check or background investigation of my suitability for employment or procuring or having a police report prepared for this purpose.
6. I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with the company.
7. In exchange for the company's consideration of my employment application, I release the company and any organization or individual it may contact pursuant to paragraph six from any and all damages, liabilities, or claims that may exist or arise relating in any way to the release or receipt of information as provided herein. I further agree not to file or pursue any complaint claims or legal actions of any kind against any organization or individual that provides work-related information about me to the company or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, or legal actions against the company or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.
8. I also understand that as an employee of the company, I may become a leased employee at the discretion of the company, and will abide by the terms of an employee leasing agreement between the company and said employee leasing firm.
9. If employed, I understand that my employment is for no definite period of time and if terminated, the company is liable only for wages or salary earned as of the date of termination.
10. I have read and I agree to the above. I hereby certify that the facts I have provided in this employment application is true and complete.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This company is an Equal Opportunity Employer. This application for employment is produced for general use throughout the United States/Canada. U.S. Personal, Inc. assumes no responsibility for the said form or any questions which, when asked by the employer of the job applicant, may violate State/Province and/or Federal law.**

**Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications.

I hereby understand and acknowledge that this application or subsequent employment does not create a contract of employment NOR guarantee employment for a definite period of time. If employment, I understand that all original and promotional appointments, including provisional appointments shall be for a probationary period of one hundred and twenty (120) calendar days from date of appointment. No appointment or promotion is final until the appointee has satisfactorily served his/her probationary period.

If the services of an employee are found to be unsatisfactory following an original appointment, he/she be removed at any time during his/her probationary period.

I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date