



# WATTS OPTICAL AND EYECARE CENTER

CECIL E. WATTS, O.D.

2914 Hawkins Drive | Searcy, AR 72143

501-268-3596 | 1-800-400-3596

www.wattsoptical.com

Position(s) Applying for:

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

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Address: (if available) \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

## Employment Information

Citizenship/Work Status: ☐ U.S. Citizen ☐ Green Card Holder ☐ U.S. Work Permit/Visa ☐ Canadian Citizen ☐ Canadian Work Permit/Visa

Current Employer: (if any) \_\_\_\_\_

Years of Work Experience directly related to the position you are applying for: \_\_\_\_\_

Employment Type Desired: ☐ Full-Time ☐ Part-Time

Desired Compensation: \$ \_\_\_\_\_ ☐ Hourly ☐ Annual

Other Compensation Desired: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

## Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

## Criminal History

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? ☐ No ☐ Yes

If yes, please explain and attach any relevant documentation. \_\_\_\_\_

### Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No Branch: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### Work Experience

Please list your work experience for the past 10 years beginning with your most recent job.

If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of employer:  Address with city/state/zip:  Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:  Address with city/state/zip:  Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:  Address with city/state/zip:  Phone:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			



## Professional References

Please list 3-4 people you have worked with who can attest to your On-the-Job experience and performance.

<b>Name</b> _____	<b>Name</b> _____
Position _____	Position _____
Company _____	Company _____
Telephone (_____) _____	Telephone (_____) _____
Email Address _____	Email Address _____
<b>Name</b> _____	<b>Name</b> _____
Position _____	Position _____
Company _____	Company _____
Telephone (_____) _____	Telephone (_____) _____
Email Address _____	Email Address _____

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? \_\_\_\_\_

### AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application (or accompanying resume, if any) is accurate and complete to the best of my knowledge and understand that misleading or false statements in my application, resume, or interview will constitute sufficient cause for refusal of hire or termination of my employment. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Watts Optical & Eye Care Center creates an actual or implied contract of employment. I understand that, if I accept employment with Watts Optical & Eye Care Center, it will be on an at-will basis. This means that either Watts Optical & Eye Care Center or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Watts Optical & Eye Care Center. I release Watts Optical & Eye Care Center, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Watts Optical & Eye Care Center to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Watts Optical & Eye Care Center and its employees from all liability arising from such investigation.

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

Print Name: \_\_\_\_\_

Watts Optical & Eye Care Center is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Watts Optical & Eye Care Center depends solely on your qualifications.