



**DOHENY
EYE INSTITUTE**

APPLICATION FOR EMPLOYMENT

Please print clearly and complete all information requested.

Name:

Last

First

Middle

Address:

City:

Zip Code:

Home Phone Number: ())

Cell or Message Phone Number: ())

Email Address:

POSITION DESIRED

Position Applying For:

Referred By:

Desired Salary:

Date Available:

Type of Work Desired:

Full Time

Part Time

Either

PERSONAL INFORMATION

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in the United States?

[] Yes

[] No

Are you at least 18 years of age or older? If "no," a work permit may be required.

[] Yes

[] No

For reference purposes, have you worked or attended school under a former name? If yes, please list former name(s):

[] Yes

[] No

Have you ever worked for Doheny Eye Institute?

[] Yes

[] No

Are any relatives or members of your household currently employed by Doheny Eye Institute? If yes, please list name(s):

[] Yes

[] No

Are you able to perform the essential functions of the position applied for, either with or without reasonable accommodation?

[] Yes

[] No

Have you ever been investigated, sanctioned or listed by a U.S. federal or state agency as debarred, banned, suspended, excluded, or otherwise ineligible for federal or state program participation, or the equivalent in any other country? **If yes, please explain below.**

[] Yes

[] No

Have you ever been discharged from any employment, asked to resign or advised that if you did not resign, your employment would be terminated? **If yes, please explain below.**

[] Yes

[] No

Explanations:

* **The Doheny Eye Institute is an Equal Opportunity Employer** and will consider qualified applicants for employment, including those with criminal histories, in a manner consistent with the requirements of applicable laws, including the City of Los Angeles' Fair Chance Initiative for Hiring Ordinance." No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

EDUCATION AND TRAINING				
Type of School	Name and Location	No. of Years Completed	Major & Degree	Did You Graduate
High School/ GED				[] [] Yes No
Trade or Technical School				[] [] Yes No
College or University				[] [] Yes No
Other				[] [] Yes No

SPECIAL SKILLS	
Licenses/Certificates:	Answer only if position applied for requires driver's license. Do you have a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Keyboarding WPM:	Computer Programs:
Office Equipment:	
Foreign Language Skills (optional): <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ <input type="checkbox"/> Interpret and/or translate _____	
Do you have any other experience, training, qualifications or skills which you feel makes you especially suited for the position applied for? If so, please explain.	[] [] Yes No

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EMPLOYMENT HISTORY

List all employment experience for the past ten years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.

EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			

Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? [] Yes [] No	
Address:		Supervisor's Name:	
Phone:			
Date Started:		Date Left:	
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			

Please attach additional sheet of paper if need there is more employment experience to report for the past ten years.

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CERTIFICATION

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I authorize the references listed, as well as all other individuals whom Doheny Eye Institute contacts, to provide Doheny Eye Institute any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Doheny Eye Institute as well as from any use or disclosure of such information by the Doheny Eye Institute or any of its agents, employees, or representatives.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the Doheny Eye Institute can terminate the relationship at will, with or without cause, at any time with or without prior notice. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the Doheny Eye Institute's Executive Director.

I understand that should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Doheny Eye Institute, I am entitled to copies of any such public records obtained by Doheny Eye Institute unless I check the box below. If I am not hired because of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ Date: _____

Doheny Eye Institute
Human Resources Department
PO Box 86228
Los Angeles, California 90086

www.doheny.org
Phone: (323) 342-7120
FAX: (323) 342-7127

jobs@doheny.org

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