

Cottone Family Eyecare
6322 South Archer Avenue
Chicago, IL 60638
Phone: 773.585.2022 Fax: 773.585.2027
www.cottone.com

APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.
ALL SPACES MUST BE FILLED IN!!

Position Applied For:

Application Date:

APPLICANT AND CONTACT INFO

Name:

Home Phone:

SSN:

Work Phone:

Address:

Fax:

City:

State:

Zip:

Email:

Best time to call you at home: AM PM

May we call you at work? Yes No Best time: AM PM

Date available to start:

Type of Employment: Full Time Part Time Temporary

Salary Desired:

Are you eligible to work in the United States? Yes NO

Are you prevented from lawfully becoming employed in this country because of Immigration or Visa status? *Proof will be required upon employment.* Yes NO

Have you been arrested or convicted of a crime in the past seven years? Yes No

If yes, please elaborate.

(Please note that neither a conviction nor an arrest will necessarily bar employment. Explanations will be considered on a case-by-case basis.)

WORK HISTORY

Employer: Dates Employed: From To
Address: Hourly Rate/Salary:
Phone Number: Reason for Leaving:
Job Title and Description:

.....

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EDUCATION HISTORY

High School: Did you graduate? Yes No
Vocational School: Did you graduate? Yes No
Undergraduate School: Did you graduate? Yes No

REFERENCES

Name: Phone Number: Years Known:
Name: Phone Number: Years Known:
Name: Phone Number: Years Known:

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SPECIALIZED SKILLS

Terminal

Spreadsheet

Other:

PC

Word Processing

MAC

Typewriter

WPM

INTEREST IN POSTION

PLEASE SIGN AND DATE THIS FORM

The information I have given is true to the best of my knowledge. I am aware that neither this application nor the granting of an interview intends to create a contrast between myself and Cottone Family Eyecare, Ltd. for employment or any benefits. I also understand that if I become employed by Cottone Family Eyecare, Ltd., I will have the right to terminate my employment at any time, and that Cottone Family Eyecare, Ltd. will also have that right. I also am aware that Cottone Family Eyecare, Ltd. is not bonded to any promise, representation or agreement contrary to the statements above unless written and signed by myself and a representative authorized by Cottone Family Eyecare, Ltd.

Applicant Signature:

Date: