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Employment Application:

Date:

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Message Number
City/State/Zip	E-mail Address

Are you legally authorized to work in the United States? Yes No		
Are You Applying For: F/T P/T Temp	What Shift(s) Will You Work? Days Evenings Nights	May We Contact Present Employer? Yes No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From To	Company Name	City, State
Titles and Duties -		
Reason for Leaving:	Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State
Titles and Duties -		
Reason for Leaving:	Supervisor's Name	Telephone Number
Dates From To	Company Name	City, State
Titles and Duties -		
Reason for Leaving:	Supervisor's Name	Telephone Number

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? Yes No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			

CLERICAL SKILLS -

Typing, WPM		Medical Terminology Yes No	Legal Terminology Yes No
Shorthand, WPM			
List Specific Computer Skills –			

PROFESSIONAL & TECHNICAL INFORMATION - To Be Completed for Licensed/Registered Positions

Registration No.	Expiration Date	Certificate No.	Expiration Date
If not licensed, have you applied? Yes No		If licensed in another state, list:	

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

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REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally will be cause for immediate reprimand and/or dismissal.

Signature _____ Date _____