

Empire Management Group, Inc.
 Empire Eye and Laser Center, Inc. • Empire Surgery Center, Inc.
 The Eyelid Doc, Inc.
 An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Please Print

_____ Date _____ Last Name _____ First Name _____ Middle

Present Address

_____ No. & Street _____ City _____ State _____ Zip

Permanent Address (if different from present address)

_____ No. & Street _____ City _____ State _____ Zip

() - Business Phone () - Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

Have you ever applied to or worked for Empire Management Group, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for Empire Management Group, Inc.? Yes No

If yes, state name(s) and relationship:

_____ Name _____ Relationship

_____ Name _____ Relationship

If hired, would you have a reliable means of transportation to and from work? Yes No

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Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed?..... Yes No

If so, may we contact your current employer? Yes No

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____	_____	Yes No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
College/ University	_____	_____	Yes No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Vocational/ Business	_____	_____	Yes No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			
Health Care Training	_____	_____	Yes No	_____
	Name _____			
	Address _____			
	City _____ State _____ Zip _____			

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Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Empire Management Group, Inc.? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____	() ____ - ____
Name of Employer	Telephone No.
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - ____
Address & Street	City State Zip
Dates of Employment: _____	
From To	

 Your Position and Duties

 Reason for Leaving

If presently employed, may we contact this employer for a reference? Yes No

_____	() ____ - ____
Name of Employer	Telephone No.
_____	_____
Type of Business	Your Supervisor's Name
_____	_____ - ____

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Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

Name of Employer Telephone No. () ____ - ____

Type of Business Your Supervisor's Name

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____
From _____ To _____

Your Position and Duties

Reason for Leaving

Name of Employer Telephone No. () ____ - ____

Type of Business Your Supervisor's Name

Address & Street _____ City _____ State _____ Zip _____

Dates of Employment: _____
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Your Position and Duties

Reason for Leaving

Name of Employer Telephone No. () ____ - ____

Type of Business Your Supervisor's Name

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Dates of Employment: _____
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Your Position and Duties

Reason for Leaving

_____ () - _____
Name of Employer Telephone No.

_____ Your Supervisor's Name

_____ - _____
Address & Street City State Zip

Dates of Employment: _____
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Your Position and Duties

Reason for Leaving

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe:

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my
knowledge. I further certify that I, the undersigned applicant, have personally completed this
application. I understand that any omission or misstatement of material fact on this application or on
any document used to secure employment shall be grounds for rejection of this application or for
immediate discharge if I am employed, regardless of the time elapsed before discovery.

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Initials

I hereby authorize Empire Management Group, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Empire Management Group, Inc.'s designated representative.

Initials

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 Empire Management Group, Inc. I am entitled to copies of any such public records obtained by them unless I mark the check box below. If I am not hired as a result 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.

Date

Applicant's Signature