



# Internship Application



Please submit a copy of your resume & transcripts with this application

Personal Information			
NAME (Last, First, Middle)		PRIMARY PHONE	EMAIL ADDRESS
STREET ADDRESS	CITY	STATE	ZIP CODE
Have you ever been employed or attended school under another name? If YES, please provide other name(s).			<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, can you provide evidence of your identity and eligibility to work in this country?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you 18 years of age or older? If NO, you will be required to obtain a work permit or provide a High School graduation diploma.			<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, would you have a reliable means of communication?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If hired, would you have reliable means of transportation to and from the internship?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If required for this position, do you have a valid driver's license? If YES, please provide the <i>state of issuance</i> , the <i>license number</i> , and the <i>expiration date</i> .			<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	
<i>State of Issuance</i>	<i>License Number</i>	<i>Expiration Date</i>	

Position Information	
INTERNSHIP TYPE	
<input type="checkbox"/> Career Exploration Internship (High School students only)	<input type="checkbox"/> Career Readiness Internship (College students only)
IF CAREER READINESS INTERNSHIP:	
<input type="checkbox"/> Clinical	<input type="checkbox"/> Non-Clinical
Have you ever applied to this organization before? If YES, when?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you perform the essential functions for which you are applying with or without reasonable accommodation?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment, Internship or Voluntary Service		
Please list your most recent employer, internship, or voluntary service information		
NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	DATES OF EMPLOYMENT (MM/YY) FR: TO:
JOB TITLE	FIRST AND LAST NAME OF IMMEDIATE SUPERVISOR	DESCRIBE YOUR REASON FOR LEAVING
DESCRIBE YOUR JOB DUTIES		

Professional or Character References			
Please list three <i>professional</i> or <i>character</i> references (exclude relatives) who have a knowledge of your work ethic.			
Name	Phone Number	Occupation	Years Acquainted

### PLEASE READ AND SIGN BELOW.

Applications that have not been signed will be considered incomplete and will not be accepted.

I certify that all information submitted on this application is true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any falsification, omission, or misrepresentation of material facts may constitute grounds for rejection of this application or immediate dismissal from employment, if hired, regardless of the time elapsed before discovery of the omission or misstatement.

I authorize EYE-Q Vision Care to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize my former employers to disclose to EYE-Q Vision Care any and all records and information related to my work, and release the company, my former employers and all other persons or entities from any and all liability for issuing, receiving or using such information.

I agree that if employed, I will abide by EYE-Q's policies and procedures. Upon termination, I authorize the release of reference information regarding my work while employed at EYE-Q Vision Care and release all employees, agents and representatives from any and all claims I may have as a result of such disclosure.

I understand that nothing contained in this application or conveyed during any interview, which may be granted, is intended to create a contract of employment. I understand that employment at EYE-Q Vision Care is at-will, for no definite period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company. Agreements contrary to this policy may only be made in writing, signed by me and the CEO of the company.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit a copy of your resume & transcripts with this application