



Retina Specialists of Alabama, LLC

2208 University Blvd – Suite 101
Birmingham, AL 35233

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

For purposes of confirming the accuracy of the information provided in this application, and determining my qualifications and suitability for employment, I authorize Retina Specialist of Alabama, LLC, or its agents or contractors, to conduct an investigation of any information they deem material to my qualifications and suitability for employment.

All controversies, claims, issues and other disputes arising out of or relating to my employment, or the breach thereof, (collectively referred to as the "Disputes") shall be subject to arbitration. All Disputes shall be settled by arbitration in Alabama in accordance with the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator in any such arbitration may be entered in any court having jurisdiction thereof. The arbitrator(s) shall have the power to grant all legal and equitable relief. Nothing contained herein shall prohibit or restrict either party's right to seek equitable relief from a court including, without limitation, injunctive relief pending the resolution of any Dispute by arbitration. The parties shall bear their respective costs in connection with the dispute resolution procedures described herein except that the fees and expenses of any arbitrator(s) and the costs of any facility used in connection with such dispute resolution procedures shall be borne by the Employer.

I certify that the information provided above is accurate and true, and understand and agree that any misrepresentation made by me or omission of information requested of me in this application will be sufficient cause for the denial of my application for employment, or for my separation from employment if I have been employed. I understand that if employed, I am an employee-at-will and that either the employer or I may terminate my employment at any time, with or without cause and with or without notice.

Signature: _____ Date: _____