

Date \_\_\_\_\_

# Miracles In Sight

**APPLICATION FOR EMPLOYMENT**  
Please print or type

## PERSONAL DATA

Name \_\_\_\_\_ / \_\_\_\_\_  
 Last First Middle If you have worked under another name, please list.

Address \_\_\_\_\_  
 Street City State Zip Code

Home Phone Alternate Phone E-mail Address

Are you under 18 years of age? Yes No  
 Are you eligible to work under the laws of the United States? Yes No

In the last 7 years, have you been convicted of, pleaded guilty to, or been placed on probation for a crime, felony, or other offense? Yes No  
 (Do not include arrests without conviction, convictions of minor traffic offenses, or convictions for which a record has been sealed or expunged.)

If yes, explain \_\_\_\_\_  
 (Please note that a criminal record will not necessarily disqualify you from employment.)

Have you ever been discharged or forced/asked to resign? Yes No If yes, which job(s) \_\_\_\_\_

## JOB INFORMATION

What position are you seeking? \_\_\_\_\_

When are you available for employment? \_\_\_\_\_ Are you currently working? Yes No

May we contact your current employer? Yes No Former employers? Yes No

How did you hear about Miracles In Sight? \_\_\_\_\_

What type of work will you consider? (Check as many as apply.)

Full-Time Part-Time Per Diem Temporary  
Winston-Salem Durham Wilmington Greenville Fayetteville Other \_\_\_\_\_

What salary range/pay rate are you seeking? \_\_\_\_\_ Relocate? Yes No  
 Travel? Yes No

## EDUCATION (Please list highest level of education first and continue in descending order.)

School Name/ Location	Major Course of Study	Type of Degree Earned	Years Attended	Graduate Yes/No

Seminars, certifications, licenses, other relevant education, special skills: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**(Begin with most recent position; cover at least **7 years** prior—print additional page if necessary.)

PLEASE COMPLETE THIS SECTION IN FULL EVEN IF RESUME IS ATTACHED. DO NOT WRITE "SEE RESUME."

Company Name & Address	Supervisor Name & Title	Supervisor Phone #	Dates of Employment
Your Title/Duties		Reason for Leaving	Salary/Pay Rate
Company Name & Address	Supervisor Name & Title	Supervisor Phone #	Dates of Employment
Your Title/Duties		Reason for Leaving	Salary/Pay Rate
Company Name & Address	Supervisor Name & Title	Supervisor Phone #	Dates of Employment
Your Title/Duties		Reason for Leaving	Salary/Pay Rate
Company Name & Address	Supervisor Name & Title	Supervisor Phone #	Dates of Employment
Your Title/Duties		Reason for Leaving	Salary/Pay Rate

This application will be considered current for a period of ninety (90) days after it is filed. If you wish to be considered for employment after that period, you may be required to renew your application in person.

It is the policy and practice of North Carolina Eye bank to provide equal opportunity to all persons. NCEB does not discriminate against its employees or applicants for employment because of race, color, national origin, religion, age, sex, disability, or veteran's status. This policy applies to all aspects of the employment relationship, including, but not limited to, recruitment, selection, advancement, compensation, benefits, layoff, recall, transfer and termination.

**I voluntarily give North Carolina Eye Bank or its designated agent the right to verify my employment record and education and to conduct criminal and credit checks prior to or during my period of employment, and agree to cooperate in such verification. I release from all liability or responsibility all persons, companies, or corporations supplying related information. In addition, I understand that any false statements or omissions made by me on this application or in connection with the above referenced verification may be cause for my termination.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Miracles In Sight adheres to a pre-employment and post-accident drug testing policy.

\_\_\_\_\_  
*Interviewer's notes:*