

EDUCATION AND TRAINING				
Type of School	Name and Location	No. of Years Completed	Major & Degree	Did You Graduate
High School/ GED				[] [] Yes No
Trade or Technical School				[] [] Yes No
College or University				[] [] Yes No
Other				[] [] Yes No

SPECIAL SKILLS	
Licenses/Certificates:	Answer only if position applied for requires driver's license. Do you have a valid California driver's license? [] Yes [] No
Keyboarding WPM:	Computer Programs:
Office Equipment:	
Foreign Language Skills (optional): [] Speak _____ [] Read _____ [] Write _____ [] Interpret and/or translate _____	
Do you have any other experience, training, qualifications or skills which you feel makes you especially suited for the position applied for? If so, please explain.	[] [] Yes No

EMPLOYMENT HISTORY			
For the last 10 years, starting with most recent, list each job held and account for all periods between jobs. Attach additional sheets if necessary.			
EMPLOYER:	May we contact this employer? [] Yes [] No		
Address:	Supervisor's Name:		
Phone:			
Date Started:	Date Left:	Starting Salary:	Ending Salary:
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			

EMPLOYMENT HISTORY

EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:	Date Left:	Starting Salary:	Ending Salary:
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:	Date Left:	Starting Salary:	Ending Salary:
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			
EMPLOYER:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		Supervisor's Name:	
Phone:			
Date Started:	Date Left:	Starting Salary:	Ending Salary:
Title or Position:			
Duties and Responsibilities:		Reason for Leaving:	
Account for periods of unemployment between jobs:			

CERTIFICATION

Important, please read carefully and sign.

I hereby certify that the information on this application and all other information otherwise provided is true and correct. I understand that any misrepresentations or omissions will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I authorize the references listed, as well as all other individuals whom Doheny Eye Institute contacts, to provide Doheny Eye Institute any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Doheny Eye Institute as well as from any use or disclosure of such information by the Doheny Eye Institute or any of its agents, employees, or representatives.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the Doheny Eye Institute can terminate the relationship at will, with or without cause, at any time with or without prior notice. I further acknowledge that the only manner in which the "at will" nature of the employment relationship can be altered is by means of a specific written agreement signed by me and the Doheny Eye Institute's Chief Administrative Officer.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature _____ Date: _____

Doheny Eye Institute
Human Resources Department
1450 San Pablo Street, Suite 3000
Los Angeles, California 90033

Phone: (323) 442-7120

FAX: (323) 442-7127

Jobline: (323) 442-7126

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my employment with DOHENY EYE INSTITUTE, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from InfoLink Screening Services, Inc. (herein, InfoLink) from public records including, but not limited to, social security trace, motor vehicle history report, workers' compensation information and criminal history to the extent permitted by law from various local, state and federal agencies. Further, I understand that an Experian Employment Insight Report, TransUnion Pre-Employment Evaluation Report or Equifax Credit Report for Employment may be requested. Finally, I understand that an investigative consumer report may be requested, as required under §606(a)(1) of the Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., and I understand that this report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, as well as reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR ANY OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Acts and the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a reporting agency. If so, I will be so advised in writing and be given the name, address and toll free telephone number of the agency, a statement that the action was based in whole or in part on information contained in the report, and written notice that I have the right, if I request, (i) to obtain within sixty days a free copy of the report from the reporting agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other consumer reporting agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the reporting agency. I understand that upon my request, with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person, upon written request by certified mail to a specified addressee or by telephone, as permitted by law. Further, I understand that should I wish to review my file in person, I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification.

I understand that InfoLink is a consumer reporting agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendations; however, I do understand that InfoLink will provide a written explanation of any coded information contained in my file. InfoLink's privacy policy limits the information it provides to the subscriber named herein; however, I hereby authorize the subscriber to share such information with parties in interest who need to know such information to protect them and their employees. Such information may include names and dates of other subscriber inquiries to InfoLink. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that *any* consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that request for workers' compensation information shall be provided after a conditional job offer is made and may include any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that *any* offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered.
(Please Print Legibly)

Last Name _____ First Name _____ Middle Name / Initial _____

Home Address _____

City _____ County _____ State _____ Zip Code _____

Social Security Number _____ Driver License Number _____ State Issued _____

For Identification Purposes, Please Provide: Month of Birth _____ (Jan-Dec) Day of Birth _____ (1-31)
(Please Do Not Supply Year of Birth)

Have you used any name(s) or social security number(s) other than that noted above? Yes No

Please List Other Name(s) Used _____ Please List Other Social Security Number(s) Used _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report _____ Date _____

I understand that in California, Minnesota or Oklahoma, if a consumer report and/or investigative consumer report (including any credit report) was requested, I may order a copy of such report and it will be mailed to me. Please send me a copy of my report.



9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520
PHN: (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX: (818) 709-2345

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(Company ID: HTH2453)

INFORMATION AND RELEASE AUTHORIZATION FORM
TO BE USED WHEN REFERENCE, EDUCATION OR LICENSE VERIFICATION OF INFORMATION IS REQUIRED
The information provided below is to be used to evaluate my employment application with (HTH2453)
DOHENY EYE INSTITUTE

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY INFOLINK SCREENING SERVICES, INC.

I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.
 A photographic or faxed copy of this Information & Release Form shall be as valid as the original.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO INFOLINK SCREENING SERVICES whose offices are at:
 9201 Oakdale Avenue, Chatsworth, CA 91311-6520
 Their phone numbers are PHN: (818/800) 990-HIRE(4473) ♦ FAX: (818) 709-2345

THE FOLLOWING MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED.....PLEASE USE A PEN WITH BLACK INK

(Please Print Clearly)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____ SS# ____ - ____ - ____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

COMPANY (1) -(This is my Current Employer: <input type="radio"/> Yes <input type="radio"/> No)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (2)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (3)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____
COMPANY (4)	DATES OF EMPLOYMENT _____ to _____	CITY/STATE _____
POSITION/DUTIES _____	SUPERVISORS _____	TEL NO: (include Area Code) _____

May we contact your current employer? YES NO

Please provide the school, university or college name (highest level of education received) as listed on employment application:

School: _____	School: _____
Location: _____ Years Attended: _____ Deg: _____	Location: _____ Years Attended: _____ Deg: _____
Phone: _____ Email: _____	Phone: _____ Email: _____

Other cities and counties where you have lived within the past 7 years:	Personal References (Individuals with whom you have worked):
City: _____ County: _____ St: _____ Date: _____	Name: _____ Phone: _____
City: _____ County: _____ St: _____ Date: _____	Name: _____ Phone: _____

(Please Sign)

SIGNATURE _____ TODAY'S DATE _____