EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER/DRUG-FREE WORKPLACE

LHN Vision, PA is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, or any other characteristic protected by federal, state or local law. We will attempt to make every effort to make reasonable accommodations to known physical or mental limitations of qualified applicants or associates with disabilities, unless accommodation would impose an undue hardship on the operation of our business.

Our top priority here at LHN Vision, PA is to provide our patients with the very highest quality medical care, eyecare, and vision care.

- Are you willing to immediately and enthusiastically greet all customers who enter the office with a smile, even if you are with another customer?
- Are you willing to go the extra mile to accommodate our patients to your best ability? For example, would you be willing to go through the effort to validate and verify a patient's insurance information given very limited information?
- Are you willing to cross-train to learn and perform all job tasks in the office? This includes, but is not limited to receptionist, optician, and doctors' assistant.

 Are you willing to learn about frames, lenses, and face shapes to suggest the appropriate products to match the patients' needs? Are you willing to educate our patients about the value of their eyewear purchase? Are you willing to develop a relationship with our patients that will help to grow our practice? Are you at least 18 years old? 								
Please sign here to verify that you answere and continue on to fill out this application. If you answered "no" to any of these questions are the second to the second the second the second that the second t								
responses:	tions, then this probably is not the rig	gnt opportunity for you	. I lease explain a					
Name:								
Last	First		Middle					
Email:	Home Phone:	Cell Phone:						
Address: Number Street		City	State	Zip				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	State	Zip				
If hired, can you provide verification of you								
Do you give us permission to a pull your cre	edit report? Yes No	(If yes, please provide	your birthday:)				
Have you ever been convicted of or received contendere pleas within the last ten (10) year Yes No								
If yes, provide the nature of the offense and Note: A criminal record will not ne can be reason for termination.	your age at the time of the offense: _cessarily disqualify you from consider	eration for employment	. However, non-	disclosure				
Desired position:			□ Full-Time	e □ Part-Time				
Salary Expectation: If	f hired, when are you available to beg	gin?						
What are the hours of your availability: Sund	ay Monday Tuesday	Wednesday Thurs	day Friday	Saturday				
Circle the highest level of schooling you have	ve completed: 1 2 3 4 5 6 7 8 Grade School	9 10 11 12 High School Col	3 4 5 6 7 8 9 lege/Post-Gradua					
Do you have any of the following licenses o	r certifications:							

☐ Dispensing Optician License (State:

☐ ABO Certification

□ NCLE

Please list all prior employme	ent history, starting with the	most recent employe	ers.			
Company Name:	Phone:	Start Date:	Start Salary:	Start Position:		
Address:		End Date:	End Salary:	End Position:		
Supervisor's Name and Title:	ervisor's Name and Title: Reason for leaving:		May we contact for a reference? ☐ Yes ☐ No If no, why?			
Describe your job responsibilitie	es:					
Company Name:	Phone:	Start Date:	Start Salary:	Start Position:		
Address:		End Date:	End Salary:	End Position:		
Supervisor's Name and Title:		Reason for leav	ving:	May we contact for a reference? ☐ Yes ☐ No If no, why?		
Describe your job responsibilities	es:					
Company Name:	Phone:	Start Date:	Start Salary:	Start Position:		
Address:		End Date:	End Salary:	End Position:		
Supervisor's Name and Title:		Reason for leav	ving:	May we contact for a reference? ☐ Yes ☐ No If no, why?		
Describe your job responsibilities	es:					
information. I understand that a sufficient for rejection of my app application will be cause for my	ny false statement or omission oblication. If hired, I understand immediate dismissal, regardles obtain consumer reports and/or education, work references, cr	on this application or and that additional discovers of my length of service investigate consumer resiminal convictions, cred	nytime during the sel ery of any misreprese ce with LHN Vision, eport(s), which will in	nclude personal information about me,		
reason for the end of my employ releasing them from any liability and all liability, claims or lawsu: I also acknowledge that from tin	ment, work performance, ability for damages arising from furnits in regard to the information the to time, LHN Vision, PA magovernmental agencies; therefo	ties, and other qualities ishing the requested inf obtained from any and by be requested to submore, I do hereby authoriz	pertinent to my quali- cormation. I release I all of the above-refer it certain information the LHN Vision, PA to	nent record, including a statement of the ifications for employment, hereby LHN Vision, PA and its agents from any renced sources used by LHN Vision, PA. In regarding my employment or application o provide such information, and release		
offer drug screen. A positive res	sult may be considered sufficien	nt for rejection of my ap	oplication. I understa	e, I may be required to submit to a post- and LHN Vision, PA reserves the right to est will be considered grounds for		
if I am hired, my employment is option of either LHN Vision, PA to enter into any agreement with	not for any specific term and n or myself. I understand that n me for employment for any sp	nay be terminated with no representative of LHI ecified period of time of	or without cause, wit N Vision, PA other the or to make any agreer	er adopted or modified. I understand that, th or without notice, at any time at the han the CEO, in writing, has the authority ment different from or contrary to the riting and signed by me and by the CEO of		
Applicant signature:		Date:				