

Please list all prior employment history, starting with the most recent employers.

Company Name:	Phone:	Start Date:	Start Salary:	Start Position:
Address:		End Date:	End Salary:	End Position:
Supervisor's Name and Title:		Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				
Company Name:	Phone:	Start Date:	Start Salary:	Start Position:
Address:		End Date:	End Salary:	End Position:
Supervisor's Name and Title:		Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
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Address:		End Date:	End Salary:	End Position:
Supervisor's Name and Title:		Reason for leaving:		May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Describe your job responsibilities:				

I certify that the information given on this application is true and correct to the best of my knowledge. I hereby grant LHN Vision, PA to verify such information. I understand that any false statement or omission on this application or anytime during the selection process may be considered sufficient for rejection of my application. If hired, I understand that additional discovery of any misrepresentation or omission of facts on my application will be cause for my immediate dismissal, regardless of my length of service with LHN Vision, PA.

I authorize LHN Vision, PA to obtain consumer reports and/or investigate consumer report(s), which will include personal information about me, including, but not limited to, my education, work references, criminal convictions, credit history, and for driving positions, motor vehicle information, in order to assist LHN Vision, PA in employment decisions.

I authorize and request that all of my present and former employers furnish information about my employment record, including a statement of the reason for the end of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information. I release LHN Vision, PA and its agents from any and all liability, claims or lawsuits in regard to the information obtained from any and all of the above-referenced sources used by LHN Vision, PA. I also acknowledge that from time to time, LHN Vision, PA may be requested to submit certain information regarding my employment or application to various local, state or federal governmental agencies; therefore, I do hereby authorize LHN Vision, PA to provide such information, and release LHN Vision, PA, its agents, assigns and subsidiaries from any liability resulting from such information.

I understand that as a result of LHN Vision, PA's continuing commitment to provide a drug-free workplace, I may be required to submit to a post-offer drug screen. A positive result may be considered sufficient for rejection of my application. I understand LHN Vision, PA reserves the right to drug test anytime during my employment as permitted by law and that my refusal to submit to a required test will be considered grounds for immediate dismissal.

If hired, I agree to comply with the policies, rules, regulations, and procedures of LHN Vision, PA whenever adopted or modified. I understand that, if I am hired, my employment is not for any specific term and may be terminated with or without cause, with or without notice, at any time at the option of either LHN Vision, PA or myself. I understand that no representative of LHN Vision, PA other than the CEO, in writing, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the CEO of LHN Vision, PA.

Applicant signature: _____ Date: _____