

Jensen Optometrists, P.L.C. Employment Disclosure Statement

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize Jensen Optometrists, P.L.C. to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I also authorize Jensen Optometrists, P.L.C. to secure financial and credit information through an appropriate agency.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. Because of amendments to the Fair Credit Reporting Act in 1997, I understand that extra procedures are required of Jensen Optometrists, P.L.C. Thus, I will be notified as to those procedures if my application for employment necessitates a credit report. I further understand that any false information, misleading statements or omission of facts will be sufficient cause for rejection of my application if Jensen Optometrists, P.L.C. has not employed me, and for immediate dismissal if Jensen Optometrists, P.L.C. has employed me.

In the event of my employment with Jensen Optometrists, P.L.C., I will comply with all rules, regulations, and policies, set forth in the Jensen Optometrists, P.L.C. policy manual or other communications distributed by Jensen Optometrists, P.L.C. I understand Jensen Optometrists, P.L.C. promotes an alcohol/drug free workplace. I agree to abide by the guidelines set forth in the Jensen Optometrists, P.L.C. alcohol/drug abuse policy.

I understand that nothing in this employment application, in the Jensen Optometrists P.L.C. policy statements or personnel guidelines, or in my communications with any Jensen Optometrists, P.L.C. official is intended to create an employment contract between Jensen Optometrists, P.L.C. and me. I also understand that Jensen Optometrists, P.L.C. has the right to modify any of its policies without giving notice of the changes to me. No promises of employment have been made to me. I acknowledge that Jensen Optometrists, P.L.C. employs individuals under the employment-at-will doctrine and that this is not subject to any changes. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also understand that Jensen Optometrists, P.L.C. retains the right to terminate my employment at any time for any reason.

I hereby acknowledge that I have read and understand the preceding statements.

Signature of Applicant _____ Date _____

We are an equal opportunity employer, and do not discriminate in any employment practice on the basis of race, religion, sex, age, national origin, marital status, veteran's status, or disability.

No question on this application is intended to secure information which could be of a discriminatory nature.

Application

Date of Application _____
Name in Full _____ Date of Birth* _____
Address _____ City _____
Social Security or Drivers license number _____ Phone _____
E-mail address _____

For Emergency, Name & Phone _____
Children & Ages* _____

How long have you lived in this area? _____
Indicate where you have lived for the past five years _____

High School Attended _____	No. Of Years _____	Graduated? _____
Business or other School attended _____	No. Of Years _____	Graduated? _____
College attended _____	No. Of Years _____	Graduated? _____

Names of firms where formerly employed:
_____ From _____ to _____ Salary & Hrs. _____
_____ From _____ to _____ Salary & Hrs. _____
_____ From _____ to _____ Salary & Hrs. _____

Give preference of work – Number 1 through 4:
Receptionist _____ Optometric Assistant _____
Optician & Stylist _____ Contact Lens Technician _____

Typing ability (Speed) _____ Do you smoke? _____

Are you willing to work Saturday mornings, longer, or irregular hours? _____

How many sick days do you feel you will require annually? _____

Expected starting salary? _____ Expected regular salary? _____

Expected length of employment? _____ Expected fringe benefits? _____

Why did you leave your last job? _____

If you are presently working, why do you desire to change? _____

If you desire, please indicate on the reverse side any additional information with regard to your experience or reasons for desiring a position with us.

What is an optometrist? _____

What do you know about the optometric profession? _____

Personal references to which you are not related:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

**Federal law and a majority of state laws prohibit discrimination in employment because of sex, race, color, religion, age, handicap, and national origin. The 1978 amendments to the Age Discrimination in Employment Act of 1967 prohibit discrimination on the basis of age with respect to individuals who are least 40 but less than 70 years of age. Of course, we observe all valid state and local laws that have a higher age requirement.*

AT WILL EMPLOYMENT POLICY

The employment relationship between the company and the employee is an At Will Relationship. The employment relationship and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the company or the employee.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

Signed _____ Date _____

Logic

1. On the last day of a Shakespeare class, an English teacher asked her students which play they liked most. Out of the 15 students who have submitted responses so far, 3 liked Macbeth best. What is the probability that the next student to respond likes Macbeth best? _____
 2. What is the next number in the following sequence? _____
1, 3, 6, 10, 15, 21, __
 3. A seed company filled 42 bags with seed. They put 36 grams of seed in each bag. About how many grams of seed are there in all the bags combined?
A. 16 grams B. 160 grams C. 1,600 grams D. 16,000 grams
 4. The red ribbon is longer than the blue ribbon but shorter than the purple ribbon. Which ribbon is longer, the blue ribbon or the purple ribbon? _____
 5. Write the next number in this sequence: _____
81, 72, 63, 54, 45, 36, __
 6. The area of square photo is 25 square inches.
Angie decided to enlarge the photo by doubling the sides.
What will the new area be? _____
-

Number these names in alphabetical order:

1. Cass, W. E. _____
2. Jones, A. T. _____
3. Allen, W. T. _____
4. Johnston, H. F. _____
5. McQuinn, M. B. _____
6. Rogers, J. S. _____
7. Allen, W. S. _____
8. Fischer, R. D. _____
9. Vinson, P. D. _____
10. Johnson, J. D. _____
11. Casper, A. B. _____

Math:

$$-4 + 2 = \underline{\quad}$$

$$1.50 + 2.75 = \underline{\quad}$$

$$5 - 7 = \underline{\quad}$$

$$7 - 3 + 5 = \underline{\quad}$$

$$1.25 + 1.25 = \underline{\quad}$$

$$3.00 - 2.75 = \underline{\quad}$$

$$-3 - 5 = \underline{\quad}$$

$$-3.00 + 6.00 = \underline{\quad}$$

$$-16 - 2 = \underline{\quad}$$

$$-6 + 8 = \underline{\quad}$$

1. What is 10% of \$5.00? _____
2. What is 15% of \$15.00? _____
3. If an item was originally \$50.00 and a 20% discount was given, what would the final cost of the item be?

4. If a patient had a credit of \$79 for items returned, and they purchased glasses for \$112 would the patient owe any money? _____ If yes, how much? _____
5. If a patient had an allowance of \$105 to spend towards contacts, and they purchased contacts that cost \$137, plus they had to pay a co-pay of \$25, what is the total the patient would owe? _____
6. If an item was originally \$119 and a 35% discount was given, what would be final cost of the item be? _____