



EMPLOYMENT APPLICATION

COMPLETE THIS APPLICATION IN 3 EASY STEPS:

- 1.** **Fill out the next 5 pages completely.**
Leave application open if you need to come back to it later.
- 2.** When completed, ***SAVE*** this file to your computer where you can easily access it later.
- 3.** ***Attach the SAVED application*** to an email that you'll send back to:
careers@myearcare.com

Thank **YOU** for your interest in becoming a part of the ***EarCare*** team.



Applicant/Employee Consumer Report Disclosure and Consent Form
(Non-Investigative Report)

Name: _____
(last) (first) (middle)

Other Names Used: _____
(last) (first) (middle)

(last) (first) (middle)

(last) (first) (middle)

Present Address: _____
Street City St Zip

Telephone Number: _____

Previous Address: _____
Street City St Zip

Previous Address: _____
Street City St Zip

Social Security #: _____ Date of Birth: _____ (Yr. not requested)

Driver's License #: _____

In consideration for processing my application for employment, promotion or retention, I hereby authorize EarCare Hearing Aid Centers to receive information concerning my employment suitability and qualification. This may include information on my past employment and education, criminal records, credit history, motor vehicle records, personal references and other job-related data. I understand EarCare Hearing Aid Centers may utilize the services of an outside agency to obtain a consumer report with the above information and I authorize EarCare Hearing Aid Centers to do so. I understand I have the right to request from the consumer reporting agency used by EarCare Hearing Aid Centers additional information about the nature and scope of the report. I request and authorize the appropriate individuals, companies, institutions or agencies to release information to a consumer reporting agency and to EarCare Hearing Aid Centers and I release them from any liability as a result of such inquiries or disclosures. I also release EarCare Hearing Aid Centers and the consumer reporting agency from any and all liability with respect to the release or dissemination of any such information. I understand and agree that my employment, promotion or retention may be determined in whole or in part based on the reports issued to EarCare Hearing Aid Centers.

Signature of Applicant/Employee (type full name)

Date

EarCare Application For Employment

All qualified applicants will be considered for employment without regard to race, color, creed, religion, sex, national origin, disability or age. Discrimination because of race color, creed, religion, sex, national origin, disability or age is prohibited.

Name: _____ Date: _____
(last) (first) (middle)

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Social Security #: _____ Email: _____

Have you ever been convicted of a crime? YES NO (A conviction may not be an absolute bar to employment, however, if you are applying for a licensed position, the Oklahoma Board of Examiners for Hearing Aid Dispensers may reserve the right to issue a license to anyone with a felony conviction.)

If you have a conviction, please provide information concerning the nature of the offense, the date of the conviction and the state or federal jurisdiction of the conviction:

Have you signed any restrictive covenants with any former employer? YES NO

Are you currently restricted from working in any geographic areas or industries by any non-compete agreement that you have signed and remains in effect? YES NO (If your agreement is currently in effect, EarCare will need to review a copy before any application can be considered for review.)

Position Desired: Full Time Part Time

If hired, when could you start? _____ Salary\Hourly Desired: _____

How were you referred to us (Ad, Friend/Referral): _____

1. Are you interested in a career in the hearing aid dispensing industry or are you interested in just a job? Career Job

2. The regular hours of work on Monday through Friday are 8am to 5pm. Is there anything that would limit you from working this schedule? YES NO If Yes, explain: _____

3. On occasion, training is provided in the evenings or on Saturdays.

Are you available to attend these training sessions? YES NO

Sales Skills

(Check below the skills you have):

_____ Direct, In-Home Sales
Product(s) _____

_____ Retail Sales
Product(s) _____

_____ Telephone Sales
Product(s) _____

Please describe other sales skills:

Computer Programs & Proficiency

_____ New _____ Basic _____ Intermediate _____ Advanced _____ Expert

Computer Knowledge (rate 1-10)

_____ Typing _____ Quick Books
_____ Microsoft Word _____ Power Point
_____ Outlook _____ Excel

Other Programs

_____ Words Per Minute

List **3** of your **strengths** and **3** of your **weakness**

SCHOOLING:

School	Name of School	City	Major Course Of Subject	Did you Graduate? Degree?
High School				
College or University				
Other Special Training				

REFERENCES:

Business References Name	Place of Employment	Years Known	Telephone
1.			
2.			
3.			
Personal References (3 Minimum) Non-relative, known for 5 years or more.	Place of Employment	Years Known	Telephone
4.			
5.			
6.			
7.			
8.			

Please mark each statement with a 1 to 10, with 10 being your strongest preference or the statement that best describes you. The purpose is to learn what type of work you prefer and your strengths.

- _____ I prefer to work with customers and interact with them. I like to help people.
- _____ I am good with computers and have a lot of computer skills.
- _____ If a customer has a problem, I am one that takes the lead in finding a solution.
- _____ I would rather work with customers than work at a computer or do office work.
- _____ I am good on the phone with people. I like to call and talk to customers.
- _____ I like to meet new people. I very much like to meet customers even if they complain.
- _____ I am a quick learner. I do well with textbook learning and testing.

Employment Record. Present/Last Employer.

Are you Presently Employed? YES NO

Employer:	Phone #:	Supervisor's Name:
Address: _____ _____	Date Employed	
	Start	End
	_____ Mo/Yr	_____ Mo/Yr
Job Title: _____	Total time at job: _____	
	Base Salary or Wages?	
	Start: _____	
	End: _____	

Nature of Duties:

May we contact this Employer? YES NO

Reason For Leaving:

Employer:	Phone #:	Supervisor's Name:
Address: _____ _____	Date Employed	
	Start	End
	_____ Mo/Yr	_____ Mo/Yr
Job Title: _____	Total time at job: _____	
	Base Salary or Wages?	
	Start: _____	
	End: _____	

Nature of Duties:

May we contact this Employer? YES NO

Reason For Leaving:

Employer:	Phone #:	Supervisor's Name:
Address: _____ _____	Date Employed	
	Start	End
	_____ Mo/Yr	_____ Mo/Yr
Job Title: _____	Total time at job: _____	
	Base Salary or Wages?	
	Start: _____	
	End: _____	

Nature of Duties:

May we contact this Employer? YES NO

Reason For Leaving:

Employer: _____	Phone #: _____	Supervisor's Name: _____
Address: _____ _____	Date Employed Start _____ End _____ Mo/Yr Mo/Yr	Base Salary or Wages? Start: _____ End: _____
Job Title: _____	Total time at job: _____	

Nature of Duties: _____ May we contact this Employer? YES NO

Reason For Leaving: _____

During school, while working for previous employers or in your acquaintance with any references listed, is there another name the company should be aware of in order to adequately check educational and employment history or references?
 YES NO If yes, please list: _____

Are you currently certified or licensed by the state of Oklahoma? YES NO

Type of license or certificate: _____

Are you currently or have you been certified or licensed by any other state? YES NO If yes, which ones:

_____ (state)	_____ (dates)	_____ (type of license or certificate)
_____ (state)	_____ (dates)	_____ (type of license or certificate)
_____ (state)	_____ (dates)	_____ (type of license or certificate)

Important - Read Before Signing!!

I authorize investigation of all statements contained in this application for employment. If EarCare conducts background investigations, including the use of consumer reports for purposes of making employment decisions, I agree to sign a separate authorization that allows the company to obtain such information. I understand that misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for employment or dismissal from the company's service if I have been employed. I authorize my former employer(s), reference(s), educational institution(s) and any other individual or organization to provide information solicited by the company, and I hereby release and discharge each of the above, including the company, from any liability of any kind or nature.

If I am employed, I agree that my employment shall not be for a specific term and may be terminated at any time by the company with or without notice and with or without cause. I further understand and agree that no representations, either oral or written, which have been made, or which might be made in the future, shall alter the above unless done so in writing by the president of the company making specific reference to agreement. I certify that the information contained in this application is correct to the best of my knowledge.

"An Equal Opportunity Employer"

Date: _____ Signature: _____

