



EMPLOYMENT APPLICATION

COMPLETE THIS APPLICATION IN 3 EASY STEPS:

- 1** **Fill out the next 5 pages completely.**
Leave the application open if you need to.
- 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*

Name: _____
Last First Middle

Other Names Used:

_____ Last First Middle Date from: to:

_____ Last First Middle Date from: to:

_____ Last First Middle Date from: to:

Present Address: _____
Street City State Zip

Telephone Number: _____

Previous Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Social Security #: _____ Date of Birth _____ (Yr. Not Requested)

Driver's License #: _____ Exp Date: _____

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:

Last First Middle Date

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Alt/Cell Phone: _____ Work Phone: _____

Social Security #: _____ E-Mail: _____

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:

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

Are you currently receiving Unemployment Benefits? Yes No

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 8 a.m. to 5 p.m. Is there anything that would limit you from working this schedule? 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 skills and experience below)

Direct, In-Home Sales Product(s) _____

Retail Sales Product(s) _____

Telephone Sales _____

Please describe other sales skills: _____

Computer Programs and Proficiency

List and rate your computer skills 1=Basic 2=Advanced 3=Very Advanced

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ Typing Speed _____

List Three Of Your Strengths

1 _____

2 _____

3 _____

List Three Of Your Weaknesses

1 _____

2 _____

3 _____

Education

School	Name of School	City	Major Studies	Graduation Year
High School				
College or University				
Other Special Training				

References

Business Reference Name	Place of Employment	Years	Telephone	E-Mail
Personal References (2 Minimum) Non-relative, known for 5 years or more.	Place of Employment	Years	Telephone	E-Mail

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.

Employer:	Phone #:	Supervisor Name:
Address: _____ _____ _____	Date Employed Beginning Ending _____ Mo/Yr Mo/Yr	Base Salary or Wages? _____ Start End
Job Title:	Total Time At Job:	

HR or Supervisor E-mail: _____ May We Contact? Yes No

Nature of Duties: _____

Reason For Leaving: _____

Employer	Phone #	Supervisor Name
Address: _____ _____ _____	Date Employed Beginning Ending _____ Mo/Yr Mo/Yr	Base Salary or Wages? _____ Start End
Job Title:	Total Time At Job:	

HR or Supervisor E-mail: _____ May We Contact? Yes No

Nature of Duties: _____

Reason For Leaving: _____

Employer	Phone #	Supervisor Name
Address: _____ _____ _____	Date Employed Beginning Ending _____ Mo/Yr Mo/Yr	Base Salary or Wages? _____ Start End
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Employer	Phone #	Supervisor Name
Address: _____ _____ _____	Date Employed Beginning Ending _____ Mo/Yr Mo/Yr	Base Salary or Wages? _____ Start End
Job Title: _____	Total Time At Job: _____	

HR or Supervisor E-mail: _____ May We Contact? Yes No

Nature of Duties: _____

Reason For Leaving: _____

During school, while working for previous employers or in your acquaintance with any references listed, is there another name EarCare should be aware of in order to adequately check educational and employment history or references?

Yes No If yes, please list: _____

List Licenses and Certifications

Licence or Certification	State	Date:	From	To
Licence or Certification	State	Date:	From	To
Licence or Certification	State	Date:	From	To
Licence or Certification	State	Date:	From	To

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.



Signature Date

Please List 10 People You Know Who Wear Hearing Aids Or Who Have Hearing Loss

1.

Name Phone Town

How Do You Know Them?

2.

Name Phone Town

How Do You Know Them?

3.

Name Phone Town

How Do You Know Them?

4.

Name Phone Town

How Do You Know Them?

5.

Name Phone Town

How Do You Know Them?

6.

Name Phone Town

How Do You Know Them?

7.

Name Phone Town

How Do You Know Them?

8.

Name Phone Town

How Do You Know Them?

9.

Name Phone Town

How Do You Know Them?

10.

Name Phone Town

How Do You Know Them?

Save Now. Submission Authorizes Name as Signature. Attach in E-Mail to: careers@myearcare.com