



EMPLOYMENT EXPECTATIONS

Employment relationships are most rewarding to all parties when everyone's expectations are met. We believe that both the applicant and employer should be forthright in what we would expect from each other.

While Oklahoma is an "at will" state, which means you may resign at any time or we may terminate your employment at any time for any reason, we believe that if you understand our expectations and endeavor to comply, there is a greater chance for continued employment and advancement with us.

Complete Eye Care is committed to maintaining a safe, healthy and productive environment for all of its employees. Pursuant to these goals, CEC is committed to establishing a Drug and Alcohol-Free Workplace Program to ensure that we will have a drug- and alcohol-free workplace.

Complete Eye Care provides a smoke-free environment for its employees, patients, and guests. In keeping with CEC's intent to provide a safe and healthy work environment, CEC no longer hires smokers, effective January 1, 2011.

If there are conditions of employment that you believe are necessary for you, we expect you to let us know during your employment interview. If any of your expectations conflict with our expectations, we would ask that you please submit those expectations in writing.

Employment at Complete Eye Care is not simply a job; it is the beginning of a career. Career development requires continuing education, constant training, and upgrading of skills. All employees at CEC are expected to grow in their positions and stay at the cutting edge of their respective field. CEC provides all necessary training, and evaluates staff twice a year on their job performance and career development. CEC has made a commitment to continuous process improvement and expects our employees to share that commitment.

Our organization exists to provide service to our patients. As a professional medical organization, we strive to provide quality eye care in an efficient, cost-effective manner. Our patients expect the best from us and our goal is always:

- To provide an eyecare experience that is like none other.
- Service to the patient is our highest priority.

To best serve our patients, we have the following key expectations of all of our employees.

A. Attitude

1. We expect you to be pleasant to others, positive and encouraging to other staff, and customer-service oriented.

EMPLOYMENT APPLICATION

NAME _____

APPLICATION DATE _____

2. We expect you to be serious about your job responsibilities, but to go about your work joyfully and with a sense of humor.
3. We expect you to show respect for patients, co-workers, doctors and managers by listening carefully and speaking respectfully at all times.
4. We expect that you will share any concerns, frustrations or grievances regarding Complete Eye Care's policies or procedures with your supervisor rather than co-workers.
5. We expect you to be positive about change and encourage others to adapt to changing circumstances.
6. We expect you to be honest with everyone you deal with and try to "do unto others as you would like them to do unto you."

B. Attendance

1. We expect you to be at work and on time every day you are scheduled to work except for pre-approved absences and rare emergencies.
2. We expect that when you are clocked in you are in uniform and are ready to work, having already taken care of personal matters such as visiting the restroom, putting lunch in the refrigerator, fixing make-up, etc.
3. We expect you to have made arrangements ahead of time for child care, including the possibility of sick family members who you are not covered for under FMLA guidelines.
4. We expect you to manage your earned Paid Time Off (PTO) and to maintain a sufficient reserve to provide for unexpected needs.
5. We expect you to park in your assigned parking place.

C. Appearance

1. We expect you to be properly groomed, neatly attired in uniform, and in a pleasant frame of mind at work.
2. We expect you to be in uniform any time you are "on the clock."
3. We expect your uniform to be clean and well pressed at all times.
4. We expect the ladies to wear foot coverings and have neat and attractive hair and makeup.
5. We expect the gentlemen to be well groomed at all times.
6. We expect you to smile much more than frown.
7. We expect all your written documents and correspondence to have a professional appearance.
8. We expect you to keep your work space neat and to assist in keeping the facility neat.

D. Accuracy

1. We expect you to be accurate in performing all job tasks and recording all information.
2. We expect you to be careful and to ask questions to avoid making mistakes.

E. Aptitude

1. We expect you to have and to exercise the knowledge, skills and judgment necessary to accomplish your job duties.
2. We expect you to continuously improve your knowledge, skills, efficiency and effectiveness.

F. Accountability

1. We expect you to accept responsibility for the performance of your duties.
2. We expect you to let your supervisor know if you will be unable to fulfill your job duties in the time expected.
3. We expect that activities such as eating, grooming, personal cell phone, texting, and personal computer use will not be performed at your desk or during your scheduled work time.
4. We expect that when you are clocked in, you will be accomplishing Complete Eye Care business.
5. We expect you to fully comply with all Complete Eye Care policies and procedures.

G. Adaptability

1. We expect you to acknowledge that change is necessary in a growing business and to enthusiastically adapt as needed.

H. Accomplishment

1. We expect you to accomplish the tasks outlined in the job description for your position in an efficient and cost-effective manner.
2. We expect you to offer suggestions regarding how we might improve our organization and the services we provide.
3. We expect you to be constantly upgrading your job skills.

Applicant's Acknowledgement of Complete Eye Care's Expectations

- I have read and understand the above expectations of Complete Eye Care.
- If I should be employed by Complete Eye Care, I am capable of fulfilling and willing to fulfill those expectations.
- I understand that my performance review and continuing employment will be substantially based upon how well I fulfill the above expectations.
- Should I have any expectations of Complete Eye Care that appear to conflict with the above expectations, I will clearly express my expectations in writing during the interview process.
- I understand that should I be hired, my compliance with the above expectations is a requirement for continued employment with Complete Eye Care.

Applicant's Name Printed

Applicant's Signature

Date

CEC is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, disability, marital status or national origin. In accordance with the Americans with Disabilities Act, CEC will provide reasonable accommodation upon request to applicants to facilitate the application process. This is a Drug-Free Workplace.

ABOUT YOU

Name _____ Social Security # _____

Address _____ How Long? _____

City _____ State _____ Zip _____

Home Phone # _____ Other # where you can be reached _____

Email _____

Do you have relatives or friends presently working for CEC? _____ Yes _____ No

Name _____

Are you 18 years of age or over? _____ Yes _____ No

(If not, employment is subject to verification that you are of legal minimum age and can furnish any required work permit.)

JOB INTEREST

Position(s) Desired _____

Full Time _____ Part Time _____ Relief _____ Temporary (_____ Hours per week desired)

Salary Requirements _____

Date you will be available to begin work _____

Why do you want this position? _____

EDUCATION AND TRAINING

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL Name _____ City/State _____

Did you graduate? _____ Yes _____ No Date _____

Receive G.E.D.? _____ Yes _____ No Date _____

COLLEGE,
UNIVERSITY Name _____ City/State _____

OR OTHER Dates of Attendance: From _____ to _____

SCHOOL Field of Study _____

Type of Degree Obtained _____ Date _____

Other Education or Training _____

Name of Facility _____ City/State _____

Dates of Attendance: From _____ to _____

CERTIFICATIONS

List all *current* certifications and their expiration dates:

DRIVING RECORD

If you are applying for a position that requires driving a vehicle, please provide the following information:

Driver's License No. _____ State _____ Expiration _____

Has your license ever been revoked or suspended? _____ Yes _____ No

If yes, please explain: _____

EMPLOYMENT HISTORY

List all places of employment over the past five years, including Military Service. Please account for all self-employment and gaps in employment. If you were employed under a different name, please provide that name (_____). If you have had more than 3 employers in the past 5 years, ask for an additional page. Blanks will not be accepted.

Employer _____ Supervisor _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Position Held _____

Dates of Employment: From _____ To _____

Salary _____/per _____ May we contact? _____ Yes _____ No

Duties _____

Reason for Leaving _____

Employer _____ Supervisor _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Position Held _____

Dates of Employment: From _____ To _____

Salary _____/per _____ May we contact? _____ Yes _____ No

Duties _____

Reason for Leaving _____

Employer _____ Supervisor _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Position Held _____

Dates of Employment: From _____ To _____

Salary _____/per _____ May we contact? _____ Yes _____ No

Duties _____

Reason for Leaving _____

PERSONAL REFERENCES

(Include persons *other than relatives and employers*)

(1) Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

(2) Name _____ Occupation _____ Years Known _____

Address _____ Day Phone _____

GENERAL INFORMATION

Do you smoke? _____ Yes _____ No

BACKGROUND INFORMATION

Are you legally eligible for employment in the U.S.? _____ Yes _____ No
(You will be required to provide proof upon employment)

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime?
_____ Yes _____ No If Yes, please explain _____
(A criminal record will not necessarily be a bar to employment)

Have you ever been sued for causing the death of, or injury to any person, or any property damage (e.g., for assault, battery, defamation, etc.)? _____ Yes _____ No If Yes: Date _____
Please explain the nature of the claims in the lawsuit(s) and disposition(s) _____

Do you have any commitments, including non-compete agreements or any other restrictive covenants to any other entity, business or person that might affect your employment with CEC?
_____ Yes _____ No If yes, please explain _____

If you are applying for a position that requires state or national registration, certification or license, you must furnish current proof of registration, certification or license.
Registration, Certification or License No. and Type _____
Year _____ State(s) _____

Are there any other experiences, skills or qualifications that you feel especially qualify you for work with CEC? _____

EMERGENCY INFORMATION

Person to be notified in case of emergency:

Name _____ Telephone _____
Relationship _____ Address _____

APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I understand that Complete Eye Care (CEC) will attempt to verify statements made on my application and made during my employment interview. I give permission for my former employers and personal references, as well as law enforcement officials, to answer any questions and to furnish information concerning me. I release CEC and all former employers and my references from any liability as a result of the furnishing and receiving of this reference and background information.

I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment documents may result in disqualification from further employment consideration or termination from employment.

I understand that if I am employed by CEC, I must conform to the policies and rules of CEC. I understand that my employment relationship will be at will and I have the right to terminate my employment at any time, with or without notice, with or without cause, and that CEC has a similar right. I understand my employment by CEC does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by CEC.

I consent and agree to take any pre-employment physical examinations and such future physical examinations and any drug or alcohol tests as part of or separate from any such physical examinations, as may be required by Federal or State law/regulation, as well as CEC's policy.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon CEC's ability to verify this necessary information.

Date

Applicant's Signature

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you. Applications are considered inactive after 30 days from date of application unless renewed, in writing, by the applicant at this location.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED