



Millennium Eye Center

Dr. Laretta Justin

Employment Application

PLEASE PRINT LEGIBLY

Name (Last, First, Middle)		Application Date:	
Mailing Address:		City:	State: Zip:
Have you ever been employed under a different name? <i>If so, please state name(s):</i>		Email Address:	
Mobile Tel. Number:	Office Tel. Number:	Home Tel. Number:	Social Security Number:
Are You at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you legally eligible for employment in the U.S? <i>Proof of eligibility is required for employment</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Birth:		Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How long have you lived at the present stated address?			
Please indicate what prompted you to seek employment at our practice.			
Position Applied For:	Status Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time	# hours/week available	Date Available:
Previous Salary at most recent job:	Please circle the benefits your received at previous employer: Medical Dental Life Disability Holidays		
Salary Requirement (s) Amount willing to Accept:	Please Circle Any Benefit Requirements: Medical Dental Life Disability Retirement Holidays		
Please explain any current or anticipated restrictions to your work schedule (i.e. school, holidays, vacations)			
How were you referred to our practice? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Location <input type="checkbox"/> Other (Please identify):			
Please indicate if you speak any languages other than English: <input type="checkbox"/> YES <input type="checkbox"/> NO Language:			
Do you have reliable transportation to and from work? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you available and willing to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a veteran of U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO When?			
Do you have any physical condition, which may limit your ability to perform the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Describe			
Have you received compensation for any previous injuries? <input type="checkbox"/> YES <input type="checkbox"/> NO When? Please Describe			
Have you ever applied for or collected unemployment? <input type="checkbox"/> YES <input type="checkbox"/> NO When?			
Have you had a major illness in the past 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Describe			
Do you have experience working in a healthcare setting or doctor's office? <input type="checkbox"/> YES <input type="checkbox"/> NO Please Describe			
Have you been previously employed in the optical industry? <input type="checkbox"/> YES <input type="checkbox"/> NO How Long?			

Employment Experience

Have you ever been fired or asked to resign because of a policy or procedural violation? YES NO Please Describe

EDUCATION

Circle highest grade completed.

Grade School High School GED or Equivalent Technical / Vocational Training College Graduate

Name of High School:	Location:	Grade Completed		Dates of Attendance:
Name of College:	Location:	Major:	Degree:	Dates of Attendance:
Name of Graduate School:	Location:	Major:	Degree:	Dates of Attendance:
Name of Vocational School:	Location:	Major:	Degree:	Dates of Attendance:
Technical / Continuing Educational Programs:				

List formal or other specialized training programs completed:

COMPUTER SKILLS

Do you have experience with the following computer programs?	Please rate your level of knowledge on these programs. 5 = highest level
Microsoft Word <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Microsoft Excel <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Microsoft PowerPoint <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Microsoft Outlook <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Quicken / QuickBooks <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Medical / Practice Management Software <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Inventory Management / Control <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Accounting / Bookkeeping Software <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Officemate EHR <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Other EHR/EMR/Software – Please specify:	

OPHTHALMIC TECHNICAL SKILLS

Do you have experience with the following ophthalmic procedures?	Please rate your level of knowledge on these procedures. 5 = highest level
Manual Lensometer <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Auto Lensometer <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Auto Refractor <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Keratometer (please indicate) Auto <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Tonometer (please indicate): NCT TonoPen Goldmann iCare <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Knowledge of Phoropter <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Visual Fields: Automated Confrontation FDT <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Visual Acuity Measurement <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Pupillary examination <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Extraocular motility / muscle balance testing <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Refraction - Clinical Subjective <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Scanning Laser OCT HRT <input type="checkbox"/> YES <input type="checkbox"/> NO	0 1 2 3 4 5
Other (please specify):	

OPTICAL / TECHNICAL SKILLS

Do you have experience with the following optical skills procedures? Please rate your level of knowledge on these procedures. 5 = highest level

Technical Knowledge

Lensometry - Measuring prism / slab off	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Lensometry - Progressive measurements	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Inventory frame board management	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Dispensing Knowledge

Adjusting and fitting glasses	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Measuring pupillary distance, Seg heights	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Frame Selection	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Lens Product Knowledge	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Patient education	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Selling premium lens products	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Calculating Third Party Fees	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Fabricating Knowledge

Lab Knowledge	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Blocking	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Edging / Surfacing	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Contact Lens Knowledge (overall)

Contact lens application & removal	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Training patients on soft contact lens care	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Training patients on rigid gas permeable contacts	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Third Party Knowledge

<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
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Verifying Insurance Eligibility, Billing, Remittance

AETNA / Cigna / BCBS / United	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Medicare / Medicaid	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Davis / EyeMed / Optimum	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
VCI / Comp Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
VSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Billing & Coding

HCPCS	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
ICD-9, CPT coding	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
ICD-10, 5010	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Insurance protocols	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Medicare LCD and NCD	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
PQRI	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Meaningful Use - EHR Incentive Programs	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Chart documentation & Compliance	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Modifiers	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5

Organizational Skills

<input type="checkbox"/> YES <input type="checkbox"/> NO	0	1	2	3	4	5
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SPECIAL KNOWLEDGE OR SKILLS

Do you have any marketing and sale skills or any other special knowledge, skills, abilities and qualifications acquired from employment, military, previous experience or training which may be directly transferable to the job for which you are applying? If yes, please specify below:

Employment Experience

WORK EXPERIENCES-start with your present or most recent job and add specific tasks you perform at each job. Submit your resume in addition to this page.

1	Employer:	Dates Employed:	
		From	To
	Address:		
	Job Title:	Hourly Rate/Salary	
		Starting	Final
	Supervisor & Title: Telephone No.:		
Reason for Leaving:			
<i>May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/></i>			
2	Employer:	Dates Employed:	
		From	To
	Address:		
	Job Title:	Hourly Rate/Salary	
		Starting	Final
	Supervisor & Title: Telephone No.:		
Reason for Leaving:			
<i>May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/></i>			
3	Employer:	Dates Employed:	
		From	To
	Address:		
	Job Title:	Hourly Rate/Salary	
		Starting	Final
	Supervisor & Title: Telephone No.:		
Reason for Leaving:			
<i>May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/></i>			
4	Employer:	Dates Employed:	
		From	To
	Address:		
	Job Title:	Hourly Rate/Salary	
		Starting	Final
	Supervisor & Title: Telephone No.:		
Reason for Leaving:			
<i>May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/></i>			

HISTORY OF UNLAWFUL ACTS

Have you ever been convicted of a crime or offence, other than a traffic violation, including felony or misdemeanor, or served a jail sentence or period of probation subject to a plea bargain agreement, a plea of nolo contendere, or a court order of adjudication withheld? YES NO

If YES, please describe the date of conviction, nature of charge and sentence received. (*This information will only be considered in relation to specific job requirements.*)

Please Note: If you omit or falsify requested information in your response to any of these questions, your application may be disqualified from consideration or you may be discharged, if hired.

APPLICANT AGREEMENT

1. I certify that all information provided herein is true and complete to the best of my knowledge
2. I understand that any false statements or omission of information in this application will be sufficient cause for disqualifying my application from consideration or for discharge if hired.
3. I hereby authorize the employer to verify all statements contained in this application, and to contact and obtain information from all references, employers (except as limited by me herein), or any other persons or agencies having information that will assist the employer in evaluating my suitability for employment. I request any duly constituted law enforcement agency or judicial officer to furnish the employer with all information at its disposal pertaining to any criminal conviction record on me. I hereby release the employer, and any law enforcement agency, judicial officer, or other individual, from any liability arising from disclosure of said information.
4. Applicants accepted for employment should understand that while we make every effort to provide steady employment, you may not have an employment contract, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including economic conditions, changes in laws, policies, conformity to work rules, job performance, etc. Employer operates under the Employment at Will statute of the State of Florida.
5. This application will remain on file for at least one (1) year. If you wish to be considered for another position you may contact the employer directly

NON-DISCRIMINATION COMPANY POLICY

Millennium Eye Center policy prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age, in accordance with federal and state regulations.

ACKNOWLEDGEMENT

As a part of this application for employment, which may include a bond application, I hereby authorize Millennium Eye Center Associates to investigate my references and to make an independent investigation of my character, conduct and employment records, and keep and preserve the confidentiality of such records. I authorize my past employers to provide Millennium Eye Center with any information they may have regarding my background. I further authorize Millennium Eye Center and my past employers to openly discuss the information contained in this application and my past job history.

I understand that failure to reveal any prior employer, or the giving of false or misleading information by me will be grounds for termination of employment. I understand that this employment application and any other company documents do not constitute a contract of employment. If hired, either the company or I may terminate my employment at any time and for any reason. This is to certify that I have read, understand, and agree with all five items listed above.

Applicant's Signature:

Date:

LIST PROFESSIONAL REFERENCES
(Excluding spouse, any relatives or immediate family members)

Name	Occupation:	Employer
Street Address:	City, State, Zip:	
How do you know this person		
Email:	Business Phone:	Other Phone:
Name	Occupation:	Employer
Street Address:	City, State, Zip:	
How do you know this person		
Email:	Business Phone:	Other Phone:
Name	Occupation:	Employer
Street Address:	City, State, Zip:	
How do you know this person		
Email:	Business Phone:	Other Phone:
Name	Occupation:	Employer
Street Address:	City, State, Zip:	
How do you know this person		
Email:	Business Phone:	Other Phone: