



Black Hills Regional Eye Institute, LLP
Black Hills Regional Eye Institute Real Estate Leasing Co., LLC
Black Hills Regional Eye Surgery Center, LLC
Black Hills Regional Eye Institute Refractive Surgery Center, LLC
The Eye Specialists Equipment Group, LLC
2800 Third Street Rapid City, SD 57701-7374 . 605-341-2000

APPLICATION FOR EMPLOYMENT

The Black Hills Regional Eye Institute is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, martial status, national origin, disability or handicap, or veteran status.

PLEASE PRINT

NAME IN FULL _____
Last First Middle

PRESENT ADDRESS _____
Street City State Zip

PHONE NUMBER _____ HOW LONG AT THIS ADDRESS? _____

EMAIL ADDRESS _____

POSITION APPLIED FOR _____

SALARY EXPECTATIONS _____ ARE YOU NOW EMPLOYED? _____

PRESENT EMPLOYER _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

ARE YOU ACQUAINTED OR RELATED TO ANY PERSON EMPLOYED AT THE EYE INSTITUTE? _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____

ARE YOU AVAILABLE FOR FULL TIME EMPLOYMENT? _____

ARE YOU AVAILABLE FOR PART TIME EMPLOYMENT? _____

DATE AVAILABLE FOR WORK _____

ARE YOU AVAILABLE TO TRAVEL IF A JOB REQUIRES IT? _____

ARE YOU AVAILABLE TO WORK OVERTIME? _____

EMPLOYMENT HISTORY

Start with your current or most recent position.

Name of Employer _____

Address _____

Street

City

State

Zip

Phone Number _____ Position _____

Immediate Supervisor _____ Earnings _____

Dates of Employment – From _____ To _____

Duties _____

Reason for Leaving _____

Name of Employer _____

Address _____

Street

City

State

Zip

Phone Number _____ Position _____

Immediate Supervisor _____ Earnings _____

Dates of Employment – From _____ To _____

Duties _____

Reason for Leaving _____

Name of Employer _____

Address _____

Street

City

State

Zip

Phone Number _____ Position _____

Immediate Supervisor _____ Earnings _____

Dates of Employment – From _____ To _____

Duties _____

Reason for Leaving _____

DO YOU POSSESS ANY PROFESSIONAL LICENSE? _____

CURRENT LICENSE # _____ STATE ISSUED _____

SECRETARIAL, CLERICAL AND OFFICE APPLICANTS ONLY

Can you type? _____ Yes _____ No Speed (wpm) _____
Run 10-key adding machine? _____ Yes _____ No
Do you know medical terminology? _____ Yes _____ No

LIST OTHER SECRETARIAL, CLERICAL, ACCOUNTING SKILLS THAT YOU POSSESS

EDUCATION

HIGH SCHOOL _____

ADDRESS _____

DIPLOMA: ___ Yes ___ No

G.E.D.: ___ Yes ___ No

COLLEGE and/or VOCATIONAL SCHOOL _____

ADDRESS _____

MAJOR _____

DEGREES EARNED _____

DID YOU GRADUATE: ___ Yes ___ No ATTENDED FROM _____ TO _____

OTHER TRAINING OR DEGREES _____

CITY/STATE _____ COURSE _____

DEGREE OR CERTIFICATE EARNED _____

PERSONAL REFERENCES (Not Relatives)

1. Name _____
Address _____

Street City State Zip
Home/Cell Telephone _____ Email Address _____

2. Name _____
Address _____

Street City State Zip
Home/Cell Telephone _____ Email Address _____

3. Name _____
Address _____

Street City State Zip
Home/Cell Telephone _____ Email Address _____

4. Name _____
Address _____

Street City State Zip
Home/Cell Telephone _____ Email Address _____

**The Black Hills Regional Eye Institute is a drug free workplace.
Pre-employment drug screening is required.**

READ CAREFULLY BEFORE SIGNING

1. All statements made by me on this application are true to the best of my knowledge and belief. I understand that I may be terminated if I submit any false information in this applications.
2. Employment shall be “at will” and shall be terminable “at will” by the organization or the employee with or without cause.
3. At no time, whether I am an employee or not, will any information regarding the patients be revealed to anyone unless I have been specifically instructed to do so.
4. It is our policy to bond all employees.

Signature: _____ Date: _____