

SCHOOL	Name and Location	Course of Study	No. of Years Completed	Did you graduate?	Degree or Diploma
High School					
College					
Graduate School					
Other					

GENERAL: Please list any honors you have received, professional society affiliations, interests and activities, or any other information you feel would be helpful in our evaluation of your job capabilities:

REFERENCES: Please list persons who know your professional qualifications, such as present or former supervisors or faculty members under whom you have studied:

Name & Business Address Phone No.

Position Professional Association with Applicant

Name & Business Address Phone No.

Position Professional Association with Applicant

Please read carefully before signing.

The Smith-Kettlewell Eye Research Institute ("SKERI") is an equal opportunity employer. SKERI does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, veteran status, uniformed service member status, or any other category protected by applicable federal, state or local laws.

SKERI is an at-will employer as allowed by applicable law. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligations for SKERI to hire me. If I am hired, I understand that either SKERI or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of SKERI has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to SKERI true and complete information to the best of my knowledge on this application, my resume, or any other supporting documents. I authorize SKERI to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause of the denial of employment or immediate dismissal.

Date

Signature