



Harper Eye Care

Amy V. Harper, O.D., P.L.L.C.

APPLICATION FOR EMPLOYMENT

Date of Application: _____

Name: _____

Address: _____

Phone: _____ Home _____ Cell

Email: _____

How soon are you available to start work? _____

Are you looking for full-time, part-time, or temporary work? _____

Do you have any experience in Optometry or Medical offices? Y / N If yes, explain below:

What are your pay requirements on an hourly basis? _____

Educational Background (Please list name of school, City and State, and year graduated):

High School: _____

Year Graduated: _____

College: _____

Year Graduated: _____

Please attach a detailed resume including previous work history along with this application.

Please email this application and your resume to:

Overton Harper, Practice Administrator
oharper@harpereyecare.com

OR MAIL TO: P.O. Box 306, Kernersville, NC 27285
336-993-3930