

Advanced Family Eye Care Employee Candidate Form

Name _____ DOB _____

Phone _____ Email _____

Most recent employer _____

Reason for leaving _____

May we contact your current/most recent supervisor? ____ Yes ____ No

Supervisor Contact Info _____

If not, why _____

Last wage earned: _____ per hour or _____ per yr

Hourly Expectation: _____

Do you require health insurance benefits? _____

General Hours:

8:00-5:00 pm Mon, 7:50 – 5:00pm Tues; 8:30- 5:00 pm Wed; 8:00-7pm Thursday, 7:45 – 4
Fri,

Do you have any scheduling issues/commitments that may interfere with work hours?

How soon would you be able to start if hired? _____

Thank you for your time!