

Medical & Surgical Eye Specialists, Inc.

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Employment Application

Name: _____ Phone (cell): _____
Last First M.I.
Address: _____ Phone (home): _____
Street Apartment #
_____ Email: _____
City State ZIP
Date of Birth: _____ Social Security #: _____
Position Applied for: _____ Desired Pay: _____

Education

High School: _____ Did you graduate? Yes / No Year: _____
College: _____ Did you graduate? Yes / No Year/degree: _____
Other: _____ Did you graduate? Yes / No Year/degree: _____

Professional References

Reference 1

Name: _____ Company: _____
Relationship: _____ Phone: _____

Reference 2

Name: _____ Company: _____
Relationship: _____ Phone: _____

Previous Employment

Job 1

Company: _____ Supervisor: _____
Position: _____ Dates employed: _____
Salary: _____ May we contact your supervisor? Yes / No

Job 2

Company: _____ Supervisor: _____
Position: _____ Dates employed: _____
Salary: _____ May we contact your supervisor? Yes / No

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____