

Fax

Name: Susan Huffman, (Practice Manager) ... Employment Information

Organization: Unifour Pediatrics PA (Dr. David M. Millsaps MD FAAP)

Fax Number: **(828) 328-1119**

Voice Phone: (828) 328-1118

From: _____

Date: August _____, 2005

Subject: Request information regarding employment at Unifour Pediatrics

Requesting: Call-back from practice manager, Other _____,
(Do NOT provide medical information here, we cannot respond until we
open the office, nor can we provide any medical care)

Your name: _____

**Your telephone
number(s) and best
time(s) to call:** _____

**Have you already
submitted an
application?:** Yes, No, not yet (*optional, downloadable on this web-site*)

***Best days for you
for appointment:*** _____

Pages to be FAXed: This Page
 Employment Application (*optional, downloadable on this web-site*)
 Resume (*optional ... and would be a good idea, now or later*)

Comments:

Fax to: (828) 328-1119 ... Unifour Pediatrics