



Application for Employment

Advanced Dermatology Associates, LTD is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date: _____

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Email: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

If yes, give dates and positions: _____

Do you have friends or relatives working here? Yes No

If yes, state name and relationship _____

Have you, in the last 10 years, been convicted of a felony (excluding any sealed or expunged convictions)? Yes No

If yes, explain: _____

Note: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.

Position(s) applied for _____

Type of employment desired: Full Time Part Time Seasonal Temporary

Hours per week desired _____

Are you available to work weekends? Yes No

Are you available to work evenings? Yes No

If hired, on what date can you start? _____

What is your desired hourly rate of pay? _____



Employment History

List all previous employers below starting with your present or most recent position.

Name of Company: _____

Name of Supervisor: _____

Address: _____

Telephone Number: _____

Position and Duties: _____

Dates of Employment: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____

Reason for Leaving: _____

May we contact for reference? Yes No

Name of Company: _____

Name of Supervisor: _____

Address: _____

Telephone Number: _____

Position and Duties: _____

Dates of Employment: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____

Reason for Leaving: _____

May we contact for reference? Yes No

Name of Company: _____

Name of Supervisor: _____

Address: _____

Telephone Number: _____

Position and Duties: _____

Dates of Employment: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____

Reason for Leaving: _____

May we contact for reference? Yes No

Educational Background and Training

School/Location/Sponsor

Course of Study

Dates Attended

High school _____

Community College _____

Trade School _____

College/University _____

Seminars/Other _____

Special Skills

Do you speak, write, or understand any foreign language? Yes No

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for a position here?

Yes No If Yes please explain: _____

Computer Skills

Hardware: _____ Dates used: _____ Level of Proficiency: _____

Software: _____ Dates used: _____ Level of Proficiency: _____

References

Name: _____ Telephone# _____ Number of years known _____

Name: _____ Telephone# _____ Number of years known _____

Name: _____ Telephone# _____ Number of years known _____

Please read and initial each paragraph below. If there is any part of this page you do not understand, please ask the interviewer about it before signing.

_____ I hereby authorize Advanced Dermatology Associates, LTD to thoroughly investigate, but not limited to, my criminal background, references, work records, education, Medicare Exclusions under the MC compliance rule, and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Advanced Dermatology Associates, LTD, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Advanced Dermatology Associates, LTD may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. I understand that Advanced Dermatology Associates, LTD participates in E-Verify.

_____ I understand that nothing contained in the application of conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Advanced Dermatology Associates, LTD. In addition, I understand and agree that if I am employed, my employment relationship with Advanced Dermatology Associates, LTD is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Advanced Dermatology Associates, LTD.

_____ I understand and agree that any future changes in my title, duties, compensation/benefits, working conditions, and/or policies and procedures will not alter our at-will agreement.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that Advanced Dermatology Associates, LTD is an At Will employer.

My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

Applicant's Signature _____ Date _____