

Dermatology and Skin Cancer Institute is an equal opportunity employer and does not unlawfully discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status or any other protected category.

**All hiring and employment at Dermatology and Skin Cancer Institute is at-will.** I understand this application is not an employment contract, nor can it be used to create one. Employment has no specific term and may be terminated by the employee or the Company with or without notice. I acknowledge that the Company has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position, and that failure to provide this evidence will result in the termination of my employment. I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the Company. I agree to release and hold harmless Dermatology and Skin Cancer Institute from all liability with respect to the receipts of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Dermatology and Skin Can Institute may be terminated.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

First Name	
Last Name	
Middle Initial	
Address 1	
Address 2	
City, State, Zip	
Email	
Phone	

**LICENSES / CERTIFICATES:** Please enter professional licenses / certifications which you currently hold or have recently held.

License #/ Certificate			
Type / State Issued			
Date Issued (MM/YY)			
Date Expires (MM/YY)			

**EDUCATION:**

School	Name Location	Course of Study	# Yrs	Graduate?	Degree Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma GED
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Technical and/or Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WORK HISTORY**

List your current or most recent employment first. Include work related internships, military and volunteer work. Please make notation of reason for any gaps in employment. **Please attach additional pages if necessary.**

Company Name	Telephone(     )     )	
City/State	<b>Employment Dates (month/year)</b>	
	From	To
Position Title	<b>Pay Rate (list commission separately if applicable)</b>	
	Start	Last
Amount Paid Time Off / Sick Time per year?	<b>Health Insurance thru employment (circle)?</b>  No     Paid 50%     Paid 100%	
Name of Supervisor/Supervisor's Title	Reason for Leaving or Reason for searching for new job	
Provide basic description of your work		

Company Name	Telephone(     )     )	
City/State	<b>Employment Dates (month/year)</b>	
	From	To
Position Title	<b>Pay Rate (list commission separately if applicable)</b>	
	Start	Last
Amount Paid Time Off / Sick Time per year?	<b>Health Insurance thru employment (circle)?</b>  No     Paid 50%     Paid 100%	
Name of Supervisor/Supervisor's Title	Reason for Leaving or Reason for searching for new job	
Provide basic description of your work		

**LANGUAGES**

Please list any foreign languages in which you are proficient in speaking and willing to use on the job

(    ) English                      (    ) Spanish                      Other: \_\_\_\_\_

**RELATED QUESTIONS**

On what date are you available to start work (MM/DD/YY)?		Do you smoke?	
		Will you require health benefits?	
Minimum Hourly Wage or Salary Required?		Are you legally authorized to work in this country?	
Do you have reliable transportation to travel to either office?		Are you physically able to perform the essential functions of the job?	

**Have you ever been convicted of a felony? Have you ever had any level of Medicare fraud charges or investigations opened against you? If yes, give exact details of convictions and Medicare charges.**

*Conviction/guilty pleas are not an automatic bar to employment.*

**Have you ever been discharged or fired by a previous employer? If yes, explain.**

**What is your 5-year plan?**

**REFERENCES**

Please list three professional references. Please note that no reference will be contacted unless you are being considered for a position. **No personal references, please.**

Name	
Company	
Phone Number	

Name	
Company	
Phone Number	

Name	
Company	
Phone Number	

**WORK HISTORY – ADDITIONAL (IF NECESSARY)**

Company Name	Telephone(      )	
City/State	<b>Employment Dates (month/year)</b>	
	From	To
Position Title	<b>Pay Rate (list commission separately if applicable)</b>	
	Start	Last
Amount Paid Time Off / Sick Time per year?	<b>Health Insurance thru employment (circle)?</b>  No            Paid 50%       Paid 100%	
Name of Supervisor/Supervisor's Title	Reason for Leaving or Reason for searching for new job	
Provide basic description of your work		

Company Name	Telephone(      )	
City/State	<b>Employment Dates (month/year)</b>	
	From	To
Position Title	<b>Pay Rate (list commission separately if applicable)</b>	
	Start	Last
Amount Paid Time Off / Sick Time per year?	<b>Health Insurance thru employment (circle)?</b>  No            Paid 50%       Paid 100%	
Name of Supervisor/Supervisor's Title	Reason for Leaving or Reason for searching for new job	
Provide basic description of your work		