

**ADVANCED DERMATOLOGY CARE**  
**APPLICATION FOR EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please fill in this application for employment completely, even if you have brought or previously submitted a resume.

DATE: \_\_\_\_\_ POSITION APPLYING FOR: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name:		First Name:		M. I.:
Street Address:				
City:		State:		Zip:
Home Phone #:		Work Phone #:		Email:
Date Available:		Expected Pay: \$ _____ /hr		
We are a smoke – free campus and require that our employees do not smell of smoke either. Can you work your entire work day without smoking or smelling of smoke?    Y        N        .				

**EDUCATION**

Institution	Area(s) of Study	Degree Achieved
H.S.		
Post-Secondary		
Graduate School		

**EMPLOYMENT HISTORY**

Please provide information on your employment history, starting with your most recent position.

Company Name:		Phone Number:	
Company Address:			
Starting Date:	Ending Date:	Your Title:	
Starting wages: \$ _____ /hr	Ending wages: \$ _____ /hr	Name of Your Immediate Supervisor:	
Brief Description of Your Duties:			
Reason(s) for Leaving:			
May we contact this employer:    prior to offering you a position?    Yes    No;    after you accept a position but before you start here?    Yes    No			

Company Name:		Phone Number:	
Company Address:			
Starting Date:	Ending Date:	Your Title:	
Starting wages: \$ _____ /hr	Ending wages: \$ _____ /hr	Name of Your Immediate Supervisor:	
Brief Description of Your Duties:			
Reason(s) for Leaving:			
May we contact this employer:    prior to offering you a position?    Yes    No;    after you accept a position but before you start here?    Yes    No			

**EMPLOYMENT HISTORY (continued)**

Company Name:		Phone Number:
Company Address:		
Starting Date:	Ending Date:	Your Title:
Starting wages: \$ /hr	Ending wages: \$ /hr	Name of Your Immediate Supervisor:
Brief Description of Your Duties:		
Reason(s) for Leaving:		
May we contact this employer: prior to offering you a position? Yes No; after you accept a position but before you start here? Yes No		

Company Name:		Phone Number:
Company Address:		
Starting Date:	Ending Date:	Your Title:
Starting wages: \$ /hr	Ending wages: \$ /hr	Name of Your Immediate Supervisor:
Brief Description of Your Duties:		
Reason(s) for Leaving:		
May we contact this employer: prior to offering you a position? Yes No; after you accept a position but before you start here? Yes No		

**AWARDS, CERTIFICATES, REGISTRATIONS, PROFESSIONAL ORGANIZATIONS, ADDITIONAL INFORMATION**

Please list any awards, certificates and/or registrations you have obtained. Please list any professional organizations of which you are a member and any other skills and knowledge that you have which may help you in this position.

**REFERENCES**

Please provide the names, phone numbers, and relationship of three professional references.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STATEMENT OF TRUTHFULNESS, AUTHORIZATION FOR REFERENCE CHECK**

By my signature, I verify that all of the information provided on this application is true and correct. I understand that any misinformation provided herein may be grounds for disciplinary action, including dismissal and/or criminal prosecution. I further authorize **Advanced Dermatology Care: Medical, Cosmetic and Surgery, P.A. ("ADC")** to contact any individual or entity believed to be an appropriate employment reference (a "Reference Source") and to ask that Reference Source any question believed by ADC to be relevant to the hiring decision, including questions about my personal background, education, work experience, credit history, character, and personality. I hereby authorize any Reference Source to release any and all information relating to my employment history to ADC, a prospective employer. I also release ADC and any Reference Source from all liability in connection with inquires and responses to inquiries related to my employment history. I understand and agree that, if hired, my employment will be "at will" and terminable at any time by myself or ADC. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of ADC in a formal written agreement signed by both of us.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_