



**ATLANTA DERMATOLOGY AND LASER SURGERY
APPLICATION FOR EMPLOYMENT**



Answer each question fully and accurately. No action can be taken on this application until all questions are answered. Use additional sheets if needed. PLEASE PRINT, except for your signature. In answering these questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. If there is any doubt, please inquire with us before proceeding.

Job Applied for _____ Today's Date _____

Are you seeking employment 5 days/week 4 days/week Part-time ? When could you start? _____
Available on weekends? Yes No Evenings? Yes No

Last Name First Name Middle Name Telephone Number

Email Address Cell phone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Note: If offered employment, in compliance with federal law, you will be required to verify identity and eligibility to work in the United States, to complete appropriate employment eligibility verification documents (e.g., USCIS Form I-9), and participate in applicable eVerify procedures.

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No
If yes, give details _____

Minimum compensation requirement? _____

EDUCATION AND SPECIAL SKILLS

High School or GED: _____	School	# of Years	Degree/Certificate Completed	Subjects Studied
College or University: _____	School	# of Years	Degree/Certificate Completed	Subjects Studied
Vocational or Technical: _____	School	# of Years	Degree/Certificate Completed	Subjects Studied

What Skills or additional training do you have that relate to the job for which you are applying? _____

What Electronic Medical Record system, Practice Management System, or other computer application training and experience do you have that relates to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of current and prior employers in reverse chronological order. Account for all periods of time, including military service and any periods of unemployment. If self-employed, provide the firm's name and business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOMENT (MO/YR): FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
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CITY, STATE, ZIP CODE		PAY: START \$ FINAL \$
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

Please explain any gaps in employment exceeding 30 days: _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

If yes, whom do you suggest we contact? _____ Phone: _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Have you have been disciplined by an employer for engaging in an act of violence or other threatening or unsafe conduct in the workplace? Yes No

If so, please provide details: _____

CERTIFICATION - PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this Employment Application is true and complete. I certify that I have not knowingly omitted any information that might adversely affect my chances of employment with the Practice. I understand that, if I am hired, this application will become a part of my official employment record. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any statements contained in this application.

I hereby certify that, if employed, my employment with the Practice will not conflict with, or result in the violation of, any contract, agreement or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.

The Practice has my permission to contact schools, previous employers (unless otherwise indicated by me), references, and others I have listed on this application in order to verify the accuracy of the information contained in this Application. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested. I hereby release the Practice from any liability as a result of such contact.

I understand that, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and/or other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, benefit plans, policy statements, and the like as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment with the Practice, or to confer any right to remain an employee of the Practice, or otherwise to change in any respect the employment-at-will relationship between the Practice and the undersigned applicant. I further understand that the employment-at-will relationship means that both the undersigned applicant and the Practice may end the employment relationship at any time without specified notice or reason. If employed, I understand that the Practice may unilaterally change or revise its benefits, policies, and procedures, and those such changes may include reduction in benefits. The nature of this employment-at-will relationship cannot be altered except by a written instrument signed by the CEO or equivalent level officer of the Practice.

I have read, understand and by my signature consent to these statements.

Signature: _____

Date: _____

This application for employment will remain active for a limited time. Ask your contact at the Practice for details.

We are an equal opportunity employer and will consider all applicants without regard to race, color, religion, national origin, ancestry, gender, gender identity, genetic information, sexual orientation, marital status, age, disability, citizenship, veteran or military status, or any other classification protected by federal, state, or local laws.