Applicant Name:
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Position Applied For: \_\_\_\_\_

Application Date: \_\_\_\_\_

# HEARTLAND DERMATOLOGY CENTER APPLICATION FOR EMPLOYMENT



If you require assistance filling out this application or in any other phase of the employment process, please notify the person who gave you this application and every effort will be made to accommodate your needs in a reasonable amount of time. <u>Please complete both sides of this form</u>. If more space is needed to complete any question, use an extra sheet of paper. <u>Print clearly and complete all sections, as noted</u>. <u>Illegible or incomplete applications</u> <u>will not be processed</u>.

All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin or veteran status. Heartland Dermatology Center. is an Equal Employment Opportunity Employer.

## INTRODUCTION

I want to take this opportunity to personally welcome you to Heartland Dermatology Center. You are applying to be part of a team of dedicated professionals committed to providing the highest quality of service possible to our patients. We would like you to know that our hiring process is one that can be extensive and very detailed. During this process we will contact you by telephone, or e-mail. We encourage all applicants to review our web site www.heartland-derm.com prior to beginning the interview process.

We will provide you with the position description prior to any interviews, or conversations. If at any point in our hiring process you have questions or concerns please feel free to contact our Human Resource Director.

We would like you to know you have an opportunity to join a dedicated group of employees who enjoy providing a very high quality service to their patients. We are very proud of the fact that several of our employees have extended tenure with the practice.

## Vision Statement

Heartland Dermatology aims to advance the following organizational vision:

Ideal Skin health throughout the Heartland

## **Mission Statement**

## The mission of Heartland Dermatology is:

Setting the standard for excellence in dermatologic care throughout the Heartland ....by the provision of high-quality comprehensive medical, surgical, and cosmetic services that are patient-centered, convenient, and accessible.

If you are interested in employment opportunities with Heartland Dermatology Center., please complete this application in its entirety. Applications that are incomplete will not receive any further consideration. Thanks for taking the time to learn about Heartland Dermatology Center. Best wishes in your employment endeavors.

Heartland Dermatology Center Management

# All qualified applicants will receive consideration without discrimination because of race, color, religion, sex, age, disability, national origin or veteran status.

Last Name	First Name	Middle Name		Are you 18 years or older?	
Street Address			Are you legally eligible for employment in the U.S.?	Social Security Number	
City	State	Zip	Telephone No.(s)		
Please list your e-mail address:			Date Available	Minimum Salary Desired	
Position you are applying for:					
Referred by current employee? Nar	ne		Title	Relationship	
Yes No					
Have you applied for a If yes, please give date(s) and position(s) applied for. position with Heartland Dermatology Center before?					
Names(s) of relatives employed by us		Relation	ship	Department/Position	
Have you ever been employed by Dates Pous?		Position(s)			
High School	Location	Did you graduate?		Major Subject	
College	Location	Did you (	graduate?	Major Subject	
Trade School	Location	Did you g	graduate?	Major Subject	
State Certifications or Licenses?		Certificate or License Number		Issuing State	
Has your License/Certification ever been under review, revoked or suspended because of activity related to the performance of your duties in your profession?	YES or NO?	If Yes, PI	ease Explain.		

List employment starting with your most recent job during the last 10 years. <u>Account for any time period that you</u> were unemployed by stating the nature of your activities. Use a separate sheet of paper, if necessary.

May we contact your current employer? (please circle) YES NO

1. Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number(s)		Hourly R	ate/Salary	
	Τ	Starting	Final	
Job Title	Supervisor			
Reason for Leaving		_		
2. Employer		Dates E	mployed	Work Performed
		From	То	
Address				
Telephone Number(s)		Hourly R	ate/Salary	
	1	Starting	Final	
Job Title	Supervisor			
Reason for Leaving		-		
3. Employer		Dates Employed		Work Performed
		From	То	
Address				
Telephone Number(s)		Hourly R	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving		_		
4. Employer			Employed	Work Performed
Address		From	То	
Address				
Telephone Number(s)		· · · · · · · · · · · · · · · · · · ·	ate/Salary	
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
WHICH OF THESE JOBS DID YOU LIKE BEST?				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?				

List any professional groups, trade groups, or other organizations you belong to that you consider relevant to your ability to perform the job(s) for which you are applying.

List any experience from your military service that would be relevant to the job(s) for which you are applying.					
Have you been convicted of a crime in the last seven (7) years?	□ Yes	□ No	lf Yes, please explain		

Answer these questions only if you have received a copy of the job description or had the requirements of the job thoroughly explained to you: 

 Yes
 No
 Do you understand the requirements?

 Yes
 No
 Can you perform the requirements of this job with or without reasonable accommodations?

 Yes
 No
 If the job requires, do you have an appropriate valid driver's license?

 Driver's License Number
 Type

 Signature
 Date

# **REFERENCES:** Please provide three persons names not related to you, whom you have known at least one year.

NAME	ADDRESS/PHONE NUMBER(S)	BUSINESS	YEARS ACQUAINTED

#### In the event of an emergency please notify:

NAME	ADDRESS/PHONE NUMBER	REALATIONSHIP	

### UNDERSTAND:

-That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

-That giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

-That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by Heartland Dermatology Center.

-That if I sustain any injury or illness in the employment at Heartland Dermatology Center, I agree that Heartland Dermatology Center shall be entitled to receive full and complete reports and records covering any medical or related exams, and I authorize any and all such doctors, medical examiners, and hospitals to give to Heartland Dermatology Center full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and policies.

## AUTHORIZATION TO RELEASE INFORMATION

I authorize Heartland Dermatology Center to make a complete investigation of me, including but not limited to: my past employment history, medical
history, scholastic records, criminal records, motor vehicle records, workers' compensation history, reference checks and to rely on such information
sources. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and
organizations from liability for any damage whatsoever for issuing this information. I acknowledge that a telephone facsimile (FAX) or photographic copy
shall be as valid as the original.

By signing below, I certify that I have not been convicted of an offense that would preclude me from working in the medical profession if the findings of any background screening result in a refusal to hire; I will be notified in writing and may request a copy of the findings from the third party organization.

I understand that this employment application and any other employee-related documents are not contracts of employment; and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

DATE

APPLICANT SIGNATURE\_\_\_\_\_

#### DO NOT WRITE BELOW THIS LINE - HR OFFICE USE ONLY\_

Application Reviewed by:		Date:	
Remarks:			
HIRED: YES NO	POSITION	DEPT	
SALARY/WAGE		REPORT TO WORK D	ATE
APPROVAL FOR HIRE BY	: DEPARTMENT MANAGER	HUMAN RESOURCE DIRECTOR	ADMINISTRATOR