

Applicant Name: _____

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. **Please complete both sides of this form.** If more space is needed to complete any question, use an extra sheet of paper. **Print clearly and complete all sections, as noted. Illegible or incomplete applications will not be processed.**

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.

Our mission statement is:

To be the premier dermatologic group in Kansas, offering quality, affordable, and accessible care.

With this goal in mind Heartland Dermatology Center will strive to meet the following objectives:

1. Have two dermatologists to provide adequate coverage to patients.
2. Have a sufficient number of nursing and clerical staff to support patient care.
3. Have an administrator responsible for practice operations, finances, and planning.
4. Provide medical dermatologic care, including phototherapy, for diseases of skin, hair and nails.
5. Provide dermatopathology services.
6. Provide dermatologic surgery including Mohs micrographic surgery and repair.
7. Provide basic cosmetic procedures including Botox and chemical peels.
8. Provide flexible hours for convenience of patients (i.e. evenings and/or Saturdays).
9. Provide satellite clinics for the convenience of patients.
10. Provide patient education through health fairs and printed material.

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? Yes No	Name		Title	Relationship
Have you applied for a position with Heartland Dermatology Center before?	If yes, please give date(s) and position(s) applied for.			
Names(s) of relatives employed by us.		Relationship		Department/Position
Have you ever been employed by us?	Dates	Position(s)		
High School	Location	Did you graduate?	Major Subject	
College	Location	Did you graduate?	Major Subject	
Trade School	Location	Did you 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, Please Explain.		

List employment starting with your most recent job during the last 10 years. **Account for any time period that you 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	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/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 If 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 _____ State of Issue _____

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

