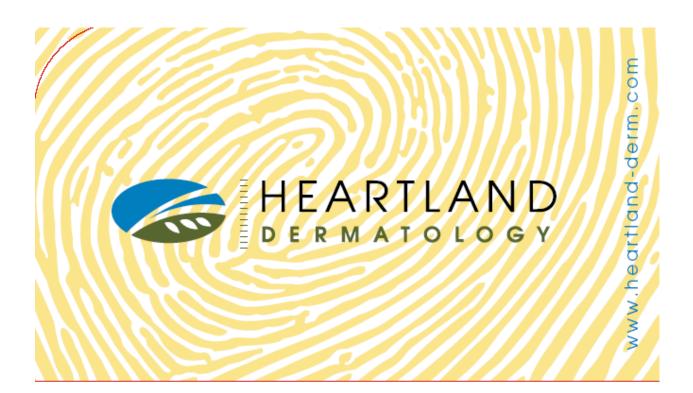
Applicant Name:	

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. <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.

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:	<u> </u>		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 yo position with Heartland Dermatology Center before?	es, please give date(s) and	position(s) applied for.	
Names(s) of relatives employed by us		Relation	ship	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, P	lease 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	Rate/Salary			
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving		-				
j						
2. Employer		Dates	Employed	Work Performed		
		From	То			
Address						
Telephone Number(s)		Hourly	Rate/Salary			
,		Starting	Final			
Job Title	Supervisor					
		-				
Reason for Leaving						
3. Employer		Dates Employed		Work Performed		
		From	То			
Address						
Telephone Number(s)			Rate/Salary			
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
g						
4. Employer		Dates Employed		Work Performed		
		From	То			
Address						
Telephone Number(s)		Hourly Rate/Salary				
		Starting	Final			
Job Title	Supervisor					
		-				
Reason for Leaving						
WHICH OF THESE JOBS DID YOU LIKE BEST?				<u> </u>		
	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	ĕ No	Do you understand the requirements?		
🕯 Yes	۸٥	Can you perform the requirements of this job with or without reasonable accommodations?		
🖌 Yes	ቆ No	If the job requires, do you have an appropriate valid driver's license?		
		Driver's License Number Type State of Issu	e	
Signatur	re	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 New 5-8-2008	DEPARTMENT MANAGER	HUMAN RESOURCE DIRECTOR	ADMINISTRATOR