

MEMPHIS DERMATOLOGY CLINIC, P.A.

APPLICATION FOR EMPLOYMENT

DATE: _____ REFERRED BY: _____

NAME: MS. / MRS. / MR. _____
Last First MI

ADDRESS: _____

City State Zip County

DAYTIME PHONE NO.: () _____ ALTERNATE PHONE NO.: () _____

EMAIL ADDRESS: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

DATE OF AVAILABILITY: _____ APPROXIMATE SALARY REQUIREMENT \$ _____ PER HOUR.

HAVE YOU EVER BEEN DISCHARGED FROM ANY POSITION? _____ IF "YES", PLEASE GIVE DETAILS.

EDUCATION AND SKILLS

Please provide the following information about your education (including high school, vocational school, colleges and/or nursing schools).

SCHOOL NAME: _____ DEGREE/DIPLOMA: _____

ADDRESS _____ CITY _____ ST _____

SCHOOL NAME: _____ DEGREE/DIPLOMA: _____

ADDRESS _____ CITY _____ ST _____

SCHOOL NAME: _____ DEGREE/DIPLOMA: _____

ADDRESS _____ CITY _____ ST _____

LICENSURE/CREDENTIALS/ SPECIAL CERTIFICATIONS: _____

WORK HISTORY

Beginning with your most recent or current employer, please provide the following information about each employer.

A. JOB TITLE: _____
EMPLOYER _____ DATES OF EMPLOYMENT _____ TO _____
ADDRESS _____ PHONE NO. _____
STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT FOR A REFERENCE? _____
SUPERVISOR'S NAME AND TITLE _____
REASON FOR LEAVING _____
DUTIES: _____

B. JOB TITLE: _____
EMPLOYER _____ DATES OF EMPLOYMENT _____ TO _____
ADDRESS _____ PHONE NO. _____
STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT FOR A REFERENCE? _____
SUPERVISOR'S NAME AND TITLE _____
REASON FOR LEAVING _____
DUTIES: _____

C. JOB TITLE: _____
EMPLOYER _____ DATES OF EMPLOYMENT _____ TO _____
ADDRESS _____ PHONE NO. _____
STARTING SALARY _____ ENDING SALARY _____ MAY WE CONTACT FOR A REFERENCE? _____
SUPERVISOR'S NAME AND TITLE _____
REASON FOR LEAVING _____
DUTIES: _____

LIST PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG:

PLEASE INDICATE THOSE WORK SKILLS YOU POSSESS:

TYPING: SPEED _____ DICTATION (?) _____
BOOKKEEPING _____ COMPUTER _____ INSURANCE FORMS _____
ADDING MACHINE _____ MEDICAL TERMINOLOGY _____ CALCULATOR _____
VENIPUNCTURE _____ INJECTIONS _____ OTHER: _____

REFERENCES:

IN THE SPACE PROVIDED, PLEASE LIST THREE (3) REFERENCES WHO ARE NOT MEMBERS OF YOUR FAMILY.

1. NAME _____ OCCUPATION _____
PHONE No. _____ HOW LONG HAVE YOU KNOWN THIS PERSON? _____
2. NAME _____ OCCUPATION _____
PHONE No. _____ HOW LONG HAVE YOU KNOWN THIS PERSON? _____
3. NAME _____ OCCUPATION _____
PHONE No. _____ HOW LONG HAVE YOU KNOWN THIS PERSON? _____

PLEASE FEEL FREE TO ADD ANY OTHER INFORMATION YOU THINK SHOULD BE CONSIDERED IN EVALUATING YOUR APPLICATION.

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

Memphis Dermatology Clinic adheres to a policy of equal employment opportunities for all employees and is equal opportunity employer. It is the policy of Memphis Dermatology Clinic, P. A. not to discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. It is also the policy of Memphis Dermatology Clinic, P. A. to take affirmative action to employ and to advance in employment, all persons regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or protected veteran status, and to base all employment decisions only on valid job requirements. This policy shall apply to all employment actions, including but not limited to, recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship, at all levels of employment.

Employees and applicants of Memphis Dermatology Clinic, P. A. will not be subject to harassment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or because he or she is a protected veteran. Additionally, retaliation, including intimidation, threats, or coercion, because an employee or applicant has objected to discrimination, engaged or may engage in filing a complaint, assisted in a review, investigation, or hearing or have otherwise sought to obtain their legal rights under any Federal, State, or local EEO law is prohibited.

IMMIGRATION REFORM AND CONTROL ACT OF 1986 STATEMENT

In accordance with the Immigration Reform and Control Act of 1986, MDC is committed to employing individuals who are authorized to live and work in the United States. It is a requirement, as a condition of employment, that each new employee complete Form I-9, Employment Eligibility Verification and present qualified documentation that establishes proof of identity and employment eligibility to work at Memphis Dermatology Clinic, P. A.

FAIR CREDIT REPORTING ACT AUTHORIZATION STATEMENT

As part of the employment process, a Consumer Report or Investigative Consumer Report may be prepared as part of employment and /or continued employment (this includes volunteers and contracts for service). An "investigative consumer report" includes information as to character, general reputation, personal characteristics and mode of living. A separate authorization document will be signed to obtain a Consumer Report giving authorization. If an Investigative Consumer Report is procured then "A Summary of Your Rights under the Fair Credit Reporting Act" will be provided at the time of the disclosure and authorization. Copies of any reports and "The Summary of Your Rights" may be requested.

Attestation:

By signing my name below, I certify the answers given in the application are true and correct to the best of my knowledge. I authorize such inquiry into the statements made in the application as may be necessary in reaching an employment decision. I understand that any false information may result in no consideration for employment and if employed, offers rescinded and /or discharge.

Signature of Applicant

Date