



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION *Incomplete information could disqualify you from further consideration.*

Last Name First Name Middle Name/Initials

Address City State Zip

Email Address Home Phone # Mobile Phone #

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last ten years? YES [] NO []

If yes, please explain: (A conviction will not necessarily result in the denial of employment.)

Have you ever been terminated from employment or asked to resign by an employer? YES [] NO []

If yes, please provide company names and details

EMPLOYMENT DESIRED

Date you can start: _____ Hourly Rate/Salary desired: _____

Position desired: _____

Are you currently employed? _____ If so, may we inquire of your present employer? YES [] NO []

If presently employed, why are you considering leaving? _____

Can you perform the essential functions of the position for which you are applying? YES [] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

Can you work any shift? Yes [] No [] Can you work overtime, including weekends? Yes [] No []

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

| Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| From: | | | | | | | |
| To: | | | | | | | |

REFERRAL SOURCE

How did you hear about us? _____

Have you ever worked for this Company before? YES [] NO []

If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and where do they work? _____

Have you ever done any volunteer work? YES [] NO [] If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO [] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.) _____

Account for any full month since leaving school (high school or college) that you were not working:

| From | To | Reason |
|-------|----|--------|
| Mo/Yr | | |
| Mo/Yr | | |
| Mo/Yr | | |

| EDUCATION | Name and location of school | No. of yrs. Attended | Degree Received | Subjects studied/Major |
|--|-----------------------------|----------------------|-----------------|------------------------|
| High School | | | | |
| College or University | | | | |
| Trade, Business or Correspondence School | | | | |

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

| | | | |
|--------------------------------|----|---|------------------|
| From | To | Employer Name | Telephone () |
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| Reason for leaving | | Hourly Rate/Salary | |
| From | To | Employer | Telephone () |

| | | | |
|--------------------------------|----|---|------------------|
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| | | | |
| Reason for leaving | | Hourly Rate/Salary | |
| From | To | Employer | Telephone () |

| | | | |
|--------------------------------|----|---|------------------|
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| | | | |
| Reason for leaving | | Hourly Rate/Salary | |
| From | To | Employer Name | Telephone () |

| | | | |
|--------------------------------|----|---|------------------|
| Job Title | | Address | |
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| | | | |
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| | | | |
|--------------------------------|--|---|--|
| Job Title | | Address | |
| Immediate supervisor and title | | Summarize the nature of work performed and job responsibilities | |
| | | | |
| Reason for leaving | | Hourly Rate/Salary | |
| | | | |

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain: _____

Computer Skills (please describe): _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

| Name | Address, Phone, Email | Company | Years Acquainted |
|------|-----------------------|---------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Please read carefully before signing.

Dr. Robert A. Norman Dermatology, LLC is an equal opportunity employer. **Dr. Robert A. Norman Dermatology, LLC** does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for **Dr. Robert A. Norman Dermatology, LLC** to hire me. If I am hired, I understand that either **Dr. Robert A. Norman Dermatology, LLC** or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of **Dr. Robert A. Norman Dermatology, LLC** has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to **Dr. Robert A. Norman Dermatology, LLC** true and complete information on this application. No requested information has been concealed. I authorize **Dr. Robert A. Norman Dermatology, LLC** to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Print Name and Sign

Date

Witness (Human Resources or Management)

Date

THIS APPLICATION IS VALID ONLY FOR 120 DAYS FROM THE DATE SIGNED/DATED ABOVE.