

EMPLOYMENT APPLICATION
DERMATOLOGIST MEDICAL GROUP OF NORTH COUNTY, INC.
AN EQUAL OPPORTUNITY EMPLOYER

Dermatologist Medical Group of North County, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, handicap, marital status or status within any other protected group. No questions on this application are intended to secure information to be used for such discrimination.

Please PRINT the following information; Failure to fully complete application may result in denial of employment.

NAME	SOCIAL SECURITY NUMBER	APPLICATION DATE
STREET ADDRESS	CITY, STATE, ZIP CODE	
HOME TELEPHONE	BUSINESS TELEPHONE	To assist in checking work, school, or other records, please indicate any other name(s) you have used:

GENERAL

POSITION APPLYING FOR;	MINIMUM WAGE / SALARY EXPECTED	DATE AVAILABLE
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date you can start: _____ Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Intern Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Hours available to work: _____ How were you referred to Dermatologist Medical Group? _____ Have you ever filed an application with Dermatologist Medical Group before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____ Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of your eligibility for employment in this country will be required upon employment.)	Drivers License Number: _____ RN or LVN License No. _____ Date of Exp: _____ Have you been convicted of a criminal offense within the last seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____ _____ Note: An affirmative response is not an automatic bar to employment. Drug screening tests may be done at the discretion of Dermatologist Medical Group. A separate consent form may be provided for this purpose. List professional organizations/associations to which you belong. Do not list organizations that reveal race, creed, color, national origin, age, or other protected status.	
This application is considered current for one year from date of application.		

EDUCATION

School and Location	Circle last year completed		Degree / Major Course
HIGH SCHOOL OR PREPATORY	1 2 3 4		
COLLEGE	1 2 3 4		
RN, LVN OR MA EDUCATION	1 2 3 4		
SPECIAL TRAINING OR BUSINESS EDUCATION	1 2 3 4		

EMPLOYMENT: (Please fill out completely, do not write... 'see resume')

Starting with your PRESENT position, list your most recent employers. Include self-employment, summer and part-time jobs and/or military service.

<p>Company _____</p> <p>Telephone _____ Supervisor _____</p> <p>Street Address _____</p> <p>City, State, Zip Code _____</p> <p>Job Title _____</p> <p>Describe your duties:</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <hr/> <p>Month/Year Month/Year</p> <hr/> <p>Salary or Wage</p> <p>Reason for Leaving:</p>
<p>Company _____</p> <p>Telephone _____ Supervisor _____</p> <p>Street Address _____</p> <p>City, State, Zip Code _____</p> <p>Job Title _____</p> <p>Describe your duties:</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <hr/> <p>Month/Year Month/Year</p> <hr/> <p>Salary or Wage</p> <p>Reason for Leaving:</p>
<p>Company _____</p> <p>Telephone _____ Supervisor _____</p> <p>Street Address _____</p> <p>City, State, Zip Code _____</p> <p>Job Title _____</p> <p>Describe your duties:</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <hr/> <p>Month/Year Month/Year</p> <hr/> <p>Salary or Wage</p> <p>Reason for Leaving:</p>
<p>Company _____</p> <p>Telephone _____ Supervisor _____</p> <p>Street Address _____</p> <p>City, State, Zip Code _____</p> <p>Job Title _____</p> <p>Describe your duties:</p> <p>May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>From To</p> <hr/> <p>Month/Year Month/Year</p> <hr/> <p>Salary or Wage</p> <p>Reason for Leaving:</p>

REFERENCES: (Please fill out completely, even when accompanied by a separate reference sheet.)

NOTE: Please provide work related references only.

Name / Title	Company	Phone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name / Title	Company	Phone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PLEASE READ BEFORE SIGNING

I certify that the answers given in this application are true to the best of my knowledge. I authorize investigation of all statements contained in this application and further authorize my former employers, schools, and personal references to provide any information they have regarding me. I hereby release all employers, schools, and references from any liability regarding information they provide me.

I agree that false or misleading statements or failure to disclose requested information on my application or in any interview may disqualify me from further consideration for employment or may result in my immediate discharge if discovered at a later date. Prior to potential employment, I understand that a background Verification check will be performed to validate my history.

Should this application result in my employment, I understand that my employment is subject to a 90 day probationary period and that I am subject to a random drug screening at my employer's discretion. I agree to conform to the rules and regulations of my employer and that my employment and compensation can be terminated with or without cause and without notice at any time at the option of either my employer or myself. **I further understand that no company representative other than the Partners has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing and any such agreement must be in writing.**

I hereby acknowledge that I have read and understand the above statements.

Date _____ Signature _____