

Moeller Dermatology, LLC

Moeller Dermatology, LLC is an Equal Opportunity Employers. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

EMPLOYMENT APPLICATION

Please Print _____ Date: _____

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: (____) _____ Message #: (____) _____

Do you have a valid driver's license? _____ State/License #: _____

Have you ever applied to, or worked for Moeller Dermatology before? _____ If yes, when? _____

Do you have any friends or relatives working for Moeller Dermatology: _____

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

State briefly why you would like to work for Moeller Dermatology:

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? _____

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____ Full-time or part-time? _____

If part-time, hours per week desired: _____ Are you available for work on weekends? _____

Are you available to work holidays? _____ Days of week you are available to work: _____

Hours you are available to work: _____ Are you available to be on-call? _____

Are you available to work evenings and nights? _____ Are you available to work overtime? _____

If hired, on what date could you start work? _____

Are you able to travel on company business? _____ % time willing to travel: _____

Hourly rate of pay or monthly salary desired: _____

Education and Training (Include on-the-job training):			
	<u>School/Location/Sponsor</u>	<u>Course of Study</u>	<u>Did you Graduate?</u>
High School			
Community College			
Trade School			
College/University			
Seminars/Other			

Special Skills

Do you speak, write or understand any foreign languages? _____
 If yes, which language(s)? _____
 Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Moeller Dermatology? _____ If so, explain in detail below:

Professional Society Memberships: _____
 Licenses (list states): _____

Computer skills	<u>Dates Used</u>	<u>Level of proficiency</u>
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

Employment History:

List all previous employers starting with your present or most recent position (last 10 years is sufficient) below.

Name of Company: _____
Name of Supervisor: _____
Telephone Number: (____) _____
Position and Duties: _____

Dates of Employment: _____
Starting Rate of Pay: _____ Ending rate of pay: _____
Reason for Leaving: _____

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List 3 Personal References including name & telephone numbers

1. _____
2. _____
3. _____

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____ **(initial)**

I hereby authorize Moeller Dermatology, LLC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Moeller Dermatology, LLC, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____ **(initial)**

If hired, I agree to submit to random alcohol or drug testing as a condition of employment. I agree that Moeller Dermatology, LLC may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment. _____ **(initial)**

I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and Moeller Dermatology, LLC. In addition, I understand and agree that if I am employed, my employment relationship with Moeller Dermatology, LLC is strictly voluntary and at our mutual will. I understand that if employed, employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Moeller Dermatology, LLC, and that no promises or representations contrary to the forgoing are binding on Moeller Dermatology, LLC unless made in writing and signed jointly by Moeller Dermatology, LLC and myself. _____ **(initial)**

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Moeller Dermatology, LLC benefits, policies and procedures will not alter our at-will and arbitration agreements. _____ **(initial)**

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. _____ **(initial)**

If the position applied for requires driving in the course of work, I understand that I will be required to follow the laws as written by the State of Kansas and possess a current and valid driver's license and may at any time be required to show proof of a current license and insurance. _____ **(initial)**

I understand that if offered employment, I will, as a condition of employment, participate in the required background check process. I understand that if there is unfavorable information disclosed as a result of the process my employment offer may be withdrawn. _____ **(initial)**

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date