

Iowa Dermatology

EMPLOYMENT APPLICATION



Name _____
 Social Security Number _____
 Address _____
 City _____ State _____ Zip/Postal Code _____
 Home Phone (____) _____ Business Phone (____) _____
 Position Applied for _____
 Date Available for Employment _____ Salary Desired _____

Are you willing to work:	Yes	No
Overtime (over 40 hrs./wk)	_____	_____
On call	_____	_____
Rotating shifts	_____	_____
Nights	_____	_____
Weekends (Sat./Sun.)	_____	_____
Holidays	_____	_____
Travel	_____	_____

Are you applying for full time part time temporary

How were you referred to this organization? _____

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform Control Act of 1986? Yes No

After reviewing the function of the job for which you are applying, do you have any physical/mental condition(s) that would limit your ability to perform the job? Yes No.

If yes, please explain and note any necessary accommodations. _____

Have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you have applied.) Yes No

If yes, please explain _____

School: Name and Address	Courses of Study	Circle Last year completed	Did You graduate?	Diploma/Degree
High School _____ _____	_____	_____	_____	_____
College _____ _____	_____	_____	_____	_____
Technical, Business or Professional _____ _____	_____	_____	_____	_____

Professional licenses/certifications

Type	State	Exp/ Date	Registration Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

Job Title _____ From: _____ To: _____
Immediate Supervisor: _____ Last Salary : _____
Employer name, address and phone number _____

Duties _____

Reason for leaving _____

Job Title _____ From: _____ To: _____
Immediate Supervisor: _____ Last Salary : _____
Employer name, address and phone number _____

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Employer name, address and phone number _____

Duties _____

Reason for leaving _____

May we run an employment check from the employers listed above? Yes No

Is any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

Please list references (not relatives or employers) to contact who are acquainted with your work history

Name	Title/Occupation	Company/Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, seminars, etc.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive officer of the employer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance of promise of continued employment to me.

I authorize persons, schools, my current employer(if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date