



EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

(Complete all sections thoroughly. Please do not use abbreviations. A resume' may be attached but may not substitute for completion of the application.)

Today's Date _____ Print Name _____
First Middle Initial Last

Permanent Address _____
Street City State Zip

Social Security Number _____ Cell Phone Number (_____) _____

Email Address: _____

Position Sought _____ Date available to start work _____

Full Time Part Time Temporary Hourly compensation requirement \$ _____

Specify restrictions, if any, of days and hours (e.g. class schedule) _____

Are you at least 18 years of age? Yes No

Are you authorized to live and work in the United States? Yes No
(E-Verification of your legal right to work in the United States will be required within three days of being hired.)

Are you able to perform the essential functions of the job for which you have applied? Yes No

If no, please explain _____

EDUCATION

Name and Location of School	Course of Study/Major	No. of Years Completed	G.E.D., Diploma or Degree Earned

LICENSURE

Type of certification	License Number	Expiration Date	Issuing Agency

SPECIAL SKILLS

List any additional skills, education or training related to the position in which you've applied

EMPLOYMENT HISTORY

Please provide all previous employers beginning with the most recent

Employer Name	Telephone Number Work ()
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Hourly Pay or Salary
Job Title and Primary Duties	Reason for Leaving May we contact? Yes _____ No _____
Employer Name	Telephone Number Work ()
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Hourly Pay or Salary
Job Title and Primary Duties	Reason for Leaving May we contact? Yes _____ No _____
Employer Name	Telephone Number Work ()
Address	Dates Employed (Month & Year) From To
Name of Supervisor	Hourly Pay or Salary
Job Title and Primary Duties	Reason for Leaving May we contact? Yes _____ No _____

PERSONAL REFERENCES

Please provide three references; *do not include relatives or employers.*

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number Years Known	Telephone Number Years Known
EMAIL	EMAIL
Name of Reference	
Relationship	
Telephone Number Years Known	
EMAIL	

THIS APPLICATION IS GOOD FOR 30 DAYS ONLY. CONSIDERATION FOR EMPLOYMENT AFTER 30 DAYS REQUIRES A NEW APPLICATION.

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Knoxville Dermatology Group, PC. I understand that employment with Knoxville Dermatology Group, PC is “at will” and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and Knoxville Dermatology Group, PC may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Knoxville Dermatology Group, PC I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process or at any time during my employment with Knoxville Dermatology Group, PC. I understand that either refusal to submit to the test or failure of the test per Knoxville Dermatology Group, PC policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant _____ **Date** _____

Knoxville Dermatology Group, PC is a no-smoking facility in compliance with the Tennessee Non-Smoker Protection Act.