

# Alaska Center for Dermatology, P. C.

3841 Piper St. | Suite T4-020 | Anchorage, AK 99508 | telephone 907.646.8500 | fax 907.646.9760

## Application for Employment

Please print clearly and fill out application completely. Please do not use "see resume".

General Information				
Last Name		First Name		Date
Home Phone		Business/Message/Cell Phone		
Mailing Address (Street, City, State, Zip)				
Are you a US citizen		Yes		No
		<input type="checkbox"/>		<input type="checkbox"/>
		Check if you are under the age of 18		<input type="checkbox"/>
If no, do you have the legal right to live and work in the US?		Yes		No
		<input type="checkbox"/>		<input type="checkbox"/>
		Visa Type:		
		Number:		
		Expiration Date:		
Job Title applying for:				
Relevant Experience				
Area of Experience		Number of Years		
Area of Experience		Number of Years		
Area of Experience		Number of Years		
Education				
Name of School, College, Or University	City / State	Circle Last Year Completed	Degree(s) / Subjects Credit Hours	
		1 2 3 4		
		1 2 3 4		
		1 2 3 4		
		1 2 3 4		
Relevant Skills and Abilities				

**Employment Information**

Starting with your most recent or present employer, list all jobs held in the last ten years. **Please do not use "see resume".** If additional space is needed please ask for an additional sheet.

From (mo / yr)	To (mo / yr)	Employer
		Type of Business
Supervisor		Address
Position Held		Business Phone
Job Duties		
Reason for Leaving		Final Salary
From (mo / yr)	To (mo / yr)	Employer
		Type of Business
Supervisor		Address
Position Held		Business Phone
Job Duties		
Reason for Leaving		Final Salary
From (mo / yr)	To (mo / yr)	Employer
		Type of Business
Supervisor		Address
Position Held		Business Phone
Job Duties		
Reason for Leaving		Final Salary
From (mo / yr)	To (mo / yr)	Employer
		Type of Business
Supervisor		Address
Position Held		Business Phone
Job Duties		
Reason for Leaving		Final Salary
From (mo / yr)	To (mo / yr)	Employer
		Type of Business
Supervisor		Address
Position Held		Business Phone
Job Duties		
Reason for Leaving		Final Salary

Have you ever been fired, discharged, or asked to resign from any position? Yes  No

If yes, please explain from what organization and for what reason. \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

If yes, please give date, nature of offense, and explain the circumstances. Include a copy of your judgment, as soon as possible, to be considered. \_\_\_\_\_

**Please read carefully before signing.**

The Alaska Center for Dermatology is an equal opportunity/affirmative action employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, sexual orientation or political affiliation.

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified or misleading statements on this application shall be considered sufficient grounds for my dismissal, and that the information in this application may be released in an authorized legal investigation. For the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, reference check, drug screen, criminal background check, and completion of a health evaluation form.

I consent to and authorize the Alaska Center for Dermatology to request any information concerning my previous employment, educational history, character, and background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand that this Application for Employment is not a contract of employment. If I am employed by the Alaska Center for Dermatology I agree to conform to the standards of conduct, performance, and the policies of the practice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date