



APPLICATION FOR EMPLOYMENT

Tri-Cities Skin & Cancer
 1009 N. State of Franklin Access Rd.
 Johnson City, TN. 37604

Applicant Information					
PLEASE PRINT			Date		
Last Name	First Name	Middle Initial			
Street Address	City	State	Zip Code		
E-mail Address	Phone Number		Alternate Phone Number		
<p>Can you submit proof of legal employment authorization and identity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a felony, misdemeanor or received deferred adjudication? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">If yes, explain: _____</p> <p>Have you ever been employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____</p> <p style="margin-left: 20px;">Department: _____ Supervisor: _____ Job Title: _____</p> <p>Do you have relatives employed at Tri-Cities Skin & Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">Name: _____ Department: _____</p> <p>Have you ever used another name? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, please provide name(s): _____</p> <p>Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, please provide a brief description of your service: _____</p>					
Type of Work Desired					
<p>Position applying for: _____ Salary/wage desired: _____</p> <p>Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Date available to start: _____</p> <p>Check preferred days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>Hours available: _____ Are you willing to work overtime if requested: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you accept another position? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
Education and Training					
Education and Training	Name and Location of School	Did you Graduate?		Course of Study/Degree Received	Grade point Average
High School/ GED		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Business/Trade School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Professional School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tri-Cities Skin & Cancer does not discriminate on any basis prohibited by law					

Skills

Please check boxes that apply:

Excel Word PowerPoint Access Other _____

Licenses and Certifications

Licenses and Certifications (please list):

History of Employment – List most recent employment first

Employment Information	From	To
Company: _____ Address: _____ City: _____ State: _____ Supervisor: _____ Phone: _____ Position Held: _____ Annual or Hourly Rate: _____		
Reason for Leaving:		

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Company: _____ Address: _____ City: _____ State: _____ Supervisor: _____ Phone: _____ Position Held: _____ Annual or Hourly Rate: _____		
Reason for Leaving:		

Have you worked for any of the above employers under any other name other than the previously indicated? Yes No

Name: _____

May we check with your present and past employer(s)? Yes No

Applicant Certification and Agreement

I hereby certify that the information I have provided on this employment application is true and complete. I understand and agree that employment with Tri-Cities Skin & Cancer, if offered, may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, and former supervisors to provide all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and employment eligibility and completing a Form I-9. I also understand if employed, Tri-Cities Skin & Cancer or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between Tri-Cities Skin & Cancer and myself. I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I also understand that consent to drug and alcohol pre-employment testing as well as testing after employment is a condition of my employment. I have read the above, understand its content and meaning, and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my signed employment application.

SIGN: _____ DATE: _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

Starting Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____
Starting Pay Rate \$	Orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Professional Licenses Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:	Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>
References Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	References Received: <input type="checkbox"/> Yes <input type="checkbox"/> No