

Alaska Center for Dermatology, P. C.

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

Updated 5/12/14

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		Check if you are under the age of 18		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/>		
If no, do you have the legal right to live and work in the US?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Visa Type: Number: Expiration Date:
Position applying for:				
How did you hear about this position?				
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	Check 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 or Current 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
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