

DALLAS DERMATOLOGY PARTNERS, PLLC

**EMPLOYMENT APPLICATION**

WHAT POSITION : \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**EDUCATION AND TRAINING:**

High School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College Name/ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Graduate School/

Degree Obtained: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**ADDITIONAL TRAINING AND CERTIFICATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR HISTORY OF EMPLOYMENT: (Please list all work experience beginning with the present)**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Please circle: Part Time/ Full Time May we contact your employer? Yes/No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Please circle: Part Time/ Full Time May we contact your employer? Yes/No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary: \_\_\_\_\_

Please circle: Part Time/ Full Time May we contact your employer? Yes/No

**REFERENCES: (Please list three individuals not related to you, preferably from jobs held in the last two years)**

NAME	TITLE	TELEPHONE NUMBER
NAME	TITLE	TELEPHONE NUMBER
NAME	TITLE	TELEPHONE NUMBER

Do you have a valid Texas driver’s license? Yes No  
 Can you submit verification of your legal right to work permanently in the US? Yes No  
 Do you have any commitments to another employer that might affect your employment? Yes No  
 Have you ever been convicted of a felony or pleaded no contest to a felony or been convicted of a misdemeanor resulting in a fine of greater than \$1,000? Yes No  
 Do you require any accommodations to perform the essential duties of your job? Yes No

**EMPLOYMENT INFORMATION (TO BE COMPLETED BY SUPERVISOR)**

<input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<input type="checkbox"/> Hourly \$ _____ hr. <input type="checkbox"/> Salary \$ _____ yr/ per pay period <input type="checkbox"/> Commission Draw Y / N  Termination Date: _____	<u>Review of Benefits</u> Health Insurance Effective Date _____ Dental Insurance Effective Date _____ Hours of Vacation _____
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**EQUAL OPPORTUNITY EMPLOYER: It is the policy of this organization to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person’s race, color, creed, national origin, religion, age, sex, marital status or physical disability, except where reasonable occupational qualifications exist.**

**I affirm that the information provided on this application 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 grounds for dismissal if discovered at a later date.**

**I authorize all persons as listed as references to give any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing information.**

**I acknowledge that I have not been contacted or recruited to apply for this position by anyone and am submitting my application solely under my own direction and desire to be employed by Dallas Dermatology Partners, PLLC**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

*Please complete this application, sign, date, scan and email to:  
[jobs@dallasdermpartners.com](mailto:jobs@dallasdermpartners.com)*