

# Saddleback Dermatology & Laser Center

## Application for Employment

24432 Muirlands Blvd. Suites 219 & 227, Lake Forest, CA 92630 (949) 770-8115

[www.saddlebackdermatology.com](http://www.saddlebackdermatology.com)

*Saddleback Dermatology & Laser Center is an Equal Opportunity employer. It does not discriminate against persons because of race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status or disability.*

Please type or print your responses below and sign the consent at the end of the application.

**Date:** \_\_\_\_\_ **Position Sought:** \_\_\_\_\_

### Personal Data

Last Name:	First Name:	Middle Name:
Address:	City:	State: Zip Code:
Home Number: ( ) _____	Mobile Number: ( ) _____	SS #: _____
E-mail address:		

On what date would you be available for work? \_\_\_\_\_

Available to work:  Full Time  Part Time  Temporary

How did you learn about this company and position?  Advertisement  
 Employee Referral  
 Other Please specify: \_\_\_\_\_

Have you ever filed an application with us before?  Yes  No

Have you previously worked at Saddleback Dermatology?  Yes  No

Are you authorized to work in the United States?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

### Education

For each level of schooling listed below, please provide the school's name, address, your major course of study and the degree or diploma received.

School	Name and Address	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate or Professional				
Other (specify)				

## Work Experience

Start with your present or most recent position. Account for periods of unemployment using supplemental sheets.

**\*\*A resume is not a substitute for completing this section.\*\***

Employer:	Dates Employed		Description of Duties
Address:	From	To	
Phone:	Hourly Wage/Salary		
Supervisor:	Starting	Ending	
Reason for Leaving:	May we contact?		

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**Special Skills**

Please list any special skills, such as computer skills, foreign languages or typing skills:

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**Certifications and Professional Memberships**

Are you a licensed member of any profession or trade?

- Yes
- No

Type of License: \_\_\_\_\_ License or Certificate Number and Year: \_\_\_\_\_

List any professional memberships or affiliations:

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**Professional References**

Please include the name and contact information for three professional references. Please sign the consent form at the end of this application, allowing Saddleback Dermatology Associates to contact these references on your behalf.

Name	Job Title, Company	Telephone Number	Relationship (e.g., supervisor, co-worker)
1.			
2.			
3.			

**Application Consent**

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated. Please sign the form at the bottom.

\_\_\_\_\_ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

\_\_\_\_\_ I consent to have Saddleback Dermatology & Laser Center contact the people listed on this form for any references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual and given without malice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_