

PERSONAL INFORMATION

Date: _____

Are you at least 18 years of age? Yes No

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

List any other names under which you have been employed: _____

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment.

If hired, can you submit documentation verifying your identity and legal right to work in the U.S.? Yes No

Have you ever applied for a job here? Yes No

Have you worked at this practice before? Yes No

Are any of your relatives employed by this practice? Yes No

Has any medical license or medical credential you've ever held ever been suspended or revoked? Yes No

If yes, please explain the circumstances _____

Have you used any illegal drugs in the last 30 days? Yes No

Any comments or clarifications to any of the above questions? _____

EDUCATION AND TRAINING

Name of High School: _____

Location City and State _____

Did you Graduate? Yes No GPA: _____

Name of Technical or Trade School: _____

Location City and State _____

Did you Graduate? Yes No GPA: _____ Degree or Diploma: _____

Name of College or University: _____

Location City and State _____

Did you Graduate? Yes No GPA: _____ Degree or Diploma: _____

Other Special Training or Skills: _____

EMPLOYMENT INTEREST

Position Desired: _____ Salary Desired: _____

Desired Schedule: Full-time Part Time If required, can you work overtime? Yes No

Can you work evenings (5-9 pm)? Yes No Can you work Saturdays? Yes No

EMPLOYMENT HISTORY

(please complete the following section even if you are attaching a resume)

Employer Name: _____ We will not contact at this time

City and State: _____ Employed from _____ to: _____

Job Title: _____

Key Responsibilities: _____

Reason For Leaving: _____

Employer Name: _____ May we contact? Yes No

City and State: _____ Employed from _____ to: _____

Job Title: _____

Key Responsibilities: _____

Reason For Leaving: _____

Employer Name: _____ May we contact? Yes No

City and State: _____ Employed from _____ to: _____

Job Title: _____

Key Responsibilities: _____

Reason For Leaving: _____

Do you have any commitments to any of these employers that would limit your activities with this practice? Yes No

If yes, please explain: _____

Explain why you feel you are a good candidate for this position: _____

I certify that the answers given herein are true and complete. I understand that misrepresentations, omissions of facts or incomplete information may remove me from consideration for employment. I understand if I become employed, any misrepresentation or omission of facts, whenever discovered, is cause for immediate discharge without notice. I grant permission to use the information in this application to verify my statements. I understand Aesthetic Solutions will not contact my current employer.

Signature: _____ Date: _____

Aesthetic Solutions is an Equal Opportunity Employer and does not discriminate in the hiring process on the basis of gender, religion, race, color, age, national origin, ancestry, disability, sexual orientation or veteran status.