

## 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.*