



APPLICATION FOR EMPLOYMENT
 Tri-Cities Skin & Cancer
 1009 N. State of Franklin Access Rd.
 Johnson City, TN 37604

Applicant Information

PLEASE PRINT		Date	
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
E-mail Address	Phone Number	Alternate Phone Number	

Can you submit proof of legal employment authorization and identity? Yes No

Have you ever been convicted of a felony, misdemeanor or received deferred adjudication? No Yes

If, explain: _____

Have you ever been employed here? Yes No When? _____

Department: _____ Supervisor: _____ Job Title: _____

Do you have relatives employed at Tri-Cities Skin & Cancer? Yes No

Name: _____ Department: _____

Have you ever used another name? Yes No

If yes, please provide name(s): _____

Are you a veteran? Yes No

If yes, please provide a brief description of your service: _____

Previous Addresses
 (List below all places you have lived or resided for the past 7 years, starting with the address prior to your current address.)

Street Address	City	State	Zip Code	From:
				To:
Street Address	City	State	Zip Code	From:
				To:

Type of Work Desired

Position applying for: _____ Salary/Wage desired: _____

Are you applying for: Full Time Part Time Temporary Date available to start: _____

Check preferred days: Monday Tuesday Wednesday Thursday Friday

Hours available: _____ Are you willing to work overtime if requested: Yes No

Would you accept another position? Yes No

Education and Training

Education and Training	Name and Location of School	Did you Graduate?		Course of Study/Degree Received	Grade point Average
High School/GED		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
College		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Business/Trade School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Professional School		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Skills

Please check boxes that apply:

Excel Word Power Point Access Other _____

Licenses and Certifications

Licenses and Certifications (please list):

History of Employment – *List most recent employment first*

Employment Information	From	To
Company: _____ Address: _____ City: _____ State: _____ Supervisor: _____ Phone: _____ Position Held: _____ Annual or Hourly Rate: _____		
	Reason for Leaving:	
Company: _____ Address: _____ City: _____ State: _____ Supervisor: _____ Phone: _____ Position Held: _____ Annual or Hourly Rate: _____		
	Reason for Leaving:	
Company: _____ Address: _____ City: _____ State: _____ Supervisor: _____ Phone: _____ Position Held: _____ Annual or Hourly Rate: _____		
	Reason for Leaving:	

Have you worked for any of the above employers under any other name other than the previously indicated? Yes No

Name: _____

May we check with your present and past employer(s)? Yes No

Applicant Certification and Agreement

I hereby certify that the information I have provided on this employment application is true and complete. I understand and agree that employment with Tri-Cities Skin & Cancer, if offered, may be immediately discontinued if misrepresentations, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, and former supervisors to provide all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and upon my providing proof of identity and employment eligibility and completing a Form I-9. I also understand if employed, Tri-Cities Skin & Cancer or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between Tri-Cities Skin & Cancer and myself. I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I also understand that consent to drug and alcohol pre-employment testing as well as testing after employment is a condition of my employment. I have read the above, understand its content and meaning, and agree to all of its provisions. I understand that, upon my request, I will be provided a copy of my signed employment application.

APPLICANT - DO NOT WRITE BELOW THIS LINE

Starting Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____
Starting Pay Rate \$	Orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Title:	Professional Licenses Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Department:	Replacement Position <input type="checkbox"/> New Position <input type="checkbox"/>
References Checked: <input type="checkbox"/> Yes <input type="checkbox"/> No	References Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Tri-Cities Skin & Cancer does not discriminate on any basis prohibited by law