## Cahaba Dermatology & Skin Health Center Employment Application



Date:				
Last:	First:	Mid	dle:	
Address:		City:	State:	ZIP:
Cell:	Email:	Date available to start:		
Position Desired:	Salary Requirement:	Would you be able to v	work Saturdays?	Yes No
Would you be able to commute	e to Tuscaloosa? Yes No	o		
Are you currently employed?	If so, where?			
Type of Employment desired:	Part time Full Time			
Are you able to adapt to chang	e and learn new skills? Yes	No		
Are you a citizen of the United	States of America or otherwise authorize	ed to work in the U.S. on a	an unrestricted basis	5?
Ye				
	of a crime in the past seven years (you ar	e not obligated to disclos	e sealed or expunge	50
criminal records)? Ye	es No If yes, plea	se explain:		
1) What are three words your f	fellow coworkers would use to describe y	/ou?		
2) What would your biggest crit	tic say about you?			
3) Who are your biggest role m	odels in life?			
4) What will make you our next	t amazing employee?			
5) If hired, what mark will you l	eave on our office?			
6) What is your favorite movie	and/or book?			

## **Personal References**

Please list two professional references below. References such as friends or relatives are discouraged.

Name	Phone Number	Occupation

I hereby certify that my answers and selections set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history. Furthermore I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature:

Date:

Notice! Please make sure you have answered every question. Incomplete applications will not be considered.