



Check time able to work:  
 Early Day  Late Day Days per week \_\_\_\_\_  
 Overtime if necessary  
 Full-time  Part-time Hours per week \_\_\_\_\_

Circle days of week you will **not** be able to work  
 MON TUES WED THURS FRI  
 Can your future vacations be arranged at the  
 convenience of the practice?  YES  NO

If offered employment when can you start?  
 \_\_\_\_\_

Have you given notice to your present employer? \_\_\_\_\_

Have you ever been bonded?  YES  NO Any reason why you cannot be bonded?  YES  NO

What is your salary requirement for this position? \_\_\_\_\_

What is your anticipated length of employment? \_\_\_\_\_

1.

|  |  |
|--|--|
| <b>PREVIOUS EMPLOYMENT</b> – List present or most recent position first.<br><b>Please cover the last 10 years of employment. Explain gaps in employment of &gt; 30 days.</b> May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO, reason: _____ |  |
| Name of employer   |  |
| Address  | Telephone Number<br>(____)                       |
| Position<br><input type="checkbox"/> Receptionist <input type="checkbox"/> R.N. <input type="checkbox"/> M.A. <input type="checkbox"/> Biller <input type="checkbox"/> Other _____   | Length of employment<br>Years _____ Months _____ |
| Description of your job  |  |
| <i>Dates of employment</i>   |  |
| Date hired   | Date separated                                   |
| <i>Earnings</i>  |  |
| Salary when hired \$   | Salary when separated \$                         |
| Reason for leaving   |  |
| Supervisor's Name  | Your last name while employed                    |

2.

|  |  |
|--|--|
| <b>PREVIOUS EMPLOYMENT</b><br><b>Please cover the last 10 years of employment. Explain gaps in employment of &gt; 30 days.</b> May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO, reason: _____ |  |
| Name of employer   |  |
| Address  | Telephone Number<br>(____)                       |
| Position<br><input type="checkbox"/> Receptionist <input type="checkbox"/> R.N. <input type="checkbox"/> M.A. <input type="checkbox"/> Biller <input type="checkbox"/> Other _____   | Length of employment<br>Years _____ Months _____ |
| Description of your job  |  |
| <i>Dates of employment</i>   |  |
| Date hired   | Date separated                                   |
| <i>Earnings</i>  |  |
| Salary when hired \$   | Salary when separated \$                         |
| Reason for leaving   |  |
| Supervisor's Name  | Your last name while employed                    |

3.

|  |  |
|--|--|
| <b>PREVIOUS EMPLOYMENT</b>   |  |
| Please cover the last 10 years of employment. Explain gaps in employment of > 30 days. May we contact this employer? [ ] |  |
| YES [ ] NO, reason: _____  |  |
| Name of employer _____   |  |
| Address _____  | Telephone Number<br>( ) _____                    |
| Position<br>[ ] Receptionist [ ] R.N. [ ] M.A. [ ] Biller [ ] Other _____  | Length of employment<br>Years _____ Months _____ |
| Description of your job _____  |  |
| <i>Dates of employment</i>   |  |
| Date hired _____   | Date separated _____                             |
| <i>Earnings</i>  |  |
| Salary when hired \$ _____   | Salary when separated \$ _____                   |
| Reason for leaving _____   |  |
| Supervisor's Name _____  | Your last name while employed _____              |

4.

|  |  |
|--|--|
| <b>PREVIOUS EMPLOYMENT</b>   |  |
| Please cover the last 10 years of employment. Explain gaps in employment of > 30 days. May we contact this employer? [ ] |  |
| YES [ ] NO, reason: _____  |  |
| Name of employer _____   |  |
| Address _____  | Telephone Number<br>( ) _____                    |
| Position<br>[ ] Receptionist [ ] R.N. [ ] M.A. [ ] Biller [ ] Other _____  | Length of employment<br>Years _____ Months _____ |
| Description of your job _____  |  |
| <i>Dates of employment</i>   |  |
| Date hired _____   | Date separated _____                             |
| <i>Earnings</i>  |  |
| Salary when hired \$ _____   | Salary when separated \$ _____                   |
| Reason for leaving _____   |  |
| Supervisor's Name _____  | Your last name while employed _____              |

In addition to your work experience, what other experience, skills, qualifications would especially prepare you to work in this position? \_\_\_\_\_

|   |            |
|---|------------|
| I understand that and agree that if I am offered employment by Michael J. Huether, M.D., P.C., or by Arizona Skin Cancer Surgery Center, P.C. my employment will be for no definite term and that either I, or Michael J. Huether, M.D., P.C., or Arizona Skin Cancer Surgery Center, P.C. will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice.   |            |
| I certify that the information in this application and in submitted resumes is true and complete for all practical purposes. I understand that misrepresentation or omissions of facts may result in termination of employment or censure, should I become an employee of Michael J. Huether, M.D., P.C., or Arizona Skin Cancer Surgery Center, P.C.. I hereby authorize Michael J. Huether, M.D., P.C., or Arizona Skin Cancer Surgery Center, P.C. to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by Michael J. Huether, M.D., P.C., or Arizona Skin Cancer Surgery Center, P.C. to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not guarantee that there is a position open and does not obligate Michael J. Huether, M.D., P.C., or Arizona Skin Cancer Surgery Center, P.C. to hire me. I also hereby certify that I am not currently excluded, debarred or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or no-procurement programs; nor have I been convicted of a criminal offense related to the provision of health care items or services. I understand that Michael J. Huether, M.D., P.C., and Arizona Skin Cancer Surgery Center, P.C. reserve the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought in to or taken out of the facility. I understand that refusal to submit to these tests or searches, when requested to do so, may result in termination of my employment. |            |
| Signature of applicant _____  | Date _____ |