## ARIZONA SKIN CANCER SUGERY CENTER, P.C. MICHAEL J. HUETHER, M.D., P.C.

## APPLICATION FOR EMPLOYMENT <u>PLEASE DO NOT WRITE "SEE RESUME" OR LEAVE ANY BLANK SPACES</u>

Today's Date: For w	For which position are you applying?		
Full Legal Name:			
Maiden Name or Other Names used in the past:			
Phone: Home ( ) Business ( )			
Cell ( )			a minor and if applicable)
Address			
Street	City		Zip
<ol> <li>Can you legally work in the United States?</li> <li>Have you ever been convicted of a crime?</li> <li>Are you currently charged with any violation of the law?</li> </ol>	[ ] YES [ ] YES* [ ] YES*	[ ] NO	
*If you oneward you to quantian 2 or quantian 2 above pla			

\*If you answered yes to question 2 or question 3 above, please explain in writing on an attached sheet. An answer of yes will not necessarily exclude you from employment

If you are bilingual, what languages do you speak, read, or write?

EXPERIENCE AND SKILLS							
Have you had experience in the following?							
	YE	S NC	)			YES	NO
Typing (W.P.M)			Insurance proce	ssing			
Filing			Set-up and assis	st with mi	nor surgeries		
Phones systems			Taking patient h	Taking patient histories			
Scheduling appointments			Vital signs				
Medical terminology			Skin surgery				
Transcription from tape			Phone triage				
Word Processing			Dermatology exp	Dermatology experience			
Data entry			Give injections				
Spreadsheets			Supply & instrun	Supply & instrument inventory/ordering			
Computer billing			Account collection	Account collections			
List any other skills/experience (list on back of page if necess			EDUCATION		Check last	arade com	pleted
Last high school attended		Location Check last grade comp		pleted			
					[]9[]10[	111 [ 112	
	COLL	EGE. TRAD	E SCHOOL OR SPEC			]'' [ ]'2	
Name of school	Loca	,	Dates Attended		ees/Certificate	M	ajor
			CERTIFICATES OR LI	CENSES			
1. RN			LPN		3. OTHER _	• #	
AZ License #		AZ License #			AZ License # Date earned		
Date earned		D	ate earned		Date earne	eu	
Post graduate seminars take Are all certificates current: [ Have you ever had any profe	] YES [] ssional licens	NO e suspende		[]YES	[ ] NO		
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Check time able to work: []Early Day []Late Day Days per week []Overtime if necessary []Full-time []Part-time Hours per week	Can your future vacations be arranged at the
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. PREVIOUS EMPLOYMENT – List present or most recent po	nsition first
Please cover the last 10 years of employment. Explaemployer? [ ] YES [ ] NO, reason:	ain gaps in employment of > 30 days. May we contact your present
Name of employer	
Address	Telephone Number (  )
Position	Length of employment
[]Receptionist []R.N. []M.A. []Biller []Other Description of your job	Years Months
Dates of employment 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.	
PREVIOUS EMPLOYMENT	gaps in employment of > 30 days. May we contact this employer? [ ]
YES [ ] NO, reason:	gaps in employment of > 50 days. Way we contact this employer? [ ]
Name of employer	
Address	Telephone Number ( )
Position	Length of employment
[]Receptionist []R.N. []M.A. []Biller []Other Description of your job	Years Months
Dates of employment	
Date hired	Date separated
Earnings	
Salary when hired \$ Reason for leaving	Salary when separated \$
Supervisor's Name	Your last name while employed

## 3. PREVIOUS EMPLOYMENT

PREVIOUS EMPLOYMENT				
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			
	( )			
Position	Length of employment			
[]Receptionist []R.N. []M.A. []Biller []Other	Years Months			
Description of your job				
Dates of employment				
Date hired	Date separated			
Earnings				
Salary when hired \$	Salary when separated \$			
Reason for leaving				
Supervisor's Name	Your last name while employed			

4.

PREVIOUS EMPLOYMENT				
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			
	( )			
Position	Length of employment			
[]Receptionist []R.N. []M.A. []Biller []Other	Years Months			
Description of your job				
Dates of employment				
Date hired	Date separated			
Earnings				
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