

## APPLICATION FOR EMPLOYMENT

### BACKGROUND CHECKS

("Dermatology Billing Associates, Inc.") is concerned about violence in the workplace, falsified employment applications, and employee theft.

We will conduct a full background check on all candidates for employment.

*PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM*

Thank you for considering a position with our company. We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we use a sophisticated and detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information. This application will remain on file for 180 days from the date herein, after which time you should resubmit a new application if you are interested in a position with our company.

**The following must be filled out completely for your application to be considered.**

*(Please Print)*

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Home Telephone ( \_\_\_\_ ) \_\_\_\_\_ Cellular Telephone ( \_\_\_\_ ) \_\_\_\_\_ Business Telephone ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please list the cities and corresponding state in which you have lived during the past 7 years:

\_\_\_\_\_  
\_\_\_\_\_

For identification purposes, please provide: Month of Birth \_\_\_\_\_ (Jan - Dec) Day of Birth \_\_\_\_\_ (1 - 31)

*(Please Do Not Supply Year of Birth)*

Have you used any name(s) and/or social security number(s) other than that noted above?  Yes  No

Please List Other Name(s) Used \_\_\_\_\_

Please List Other Social Security Number(s) Used \_\_\_\_\_

Are you at least 18 years old?  Yes  No  
(If under 18 years of age, proof of minimum legal working age will be required if you are hired.)

If you are under 18 years old, can you provide a work permit?  Yes  No

In accordance with the federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, the Company cannot legally employ you. If hired, can you present evidence of your right to work in the U.S.?  Yes  No

If hired, would you have a reliable means of transportation to and from work?  Yes  No

**EMPLOYMENT INFORMATION**

Position Desired \_\_\_\_\_

Are you applying for full-time work?  Yes  No

Are you applying for part-time work?  Yes  No

Are you applying for temporary work (e.g. summer or holiday)?  Yes  No

If applying for temporary work, during what period of time will you be available? From \_\_\_\_\_ To \_\_\_\_\_

What days and hours are you available to work?

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Are you available to work on weekends?  Yes  No

Are you available to work overtime, if necessary?  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary Desired \_\_\_\_\_

Have you ever applied to or worked for our company before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for our company?  Yes  No

If yes, list name(s) and corresponding relationship: \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with our company?  Yes  No

If yes, please explain: \_\_\_\_\_

**EDUCATION, TRAINING AND SKILLS**

High School: Name \_\_\_\_\_ City/State \_\_\_\_\_ Did You Graduate?  Yes  No

Degree or Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

College/University: Name \_\_\_\_\_ City/State \_\_\_\_\_ Did You Graduate?  Yes  No

Degree or Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Vocational School: Name \_\_\_\_\_ City/State \_\_\_\_\_ Did You Graduate?  Yes  No

Degree or Diploma Attempted/Earned \_\_\_\_\_ Years Completed \_\_\_\_\_

Please answer the following in regards to your specific skills:

Typing Speed: \_\_\_\_\_ WPM

Spread Sheet:  Yes  No

Database Programs:  Yes  No

Ten Key:  Yes  No

Graphics:  Yes  No

Internet Research Skills:  Yes  No

Shorthand:  Yes  No

Word Processing:  Yes  No

Managerial Skills:  Yes  No

List any computer programs and/or internet search engines with which you are familiar:

---

---

Please list any foreign languages you speak, read, write, and/or understand:

---

Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

---

---

---

**EMPLOYMENT HISTORY**

Are you presently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Please provide a complete and accurate account of your employment history by listing all present and previous employers within the last ten years, beginning with your most recent employer. Please note that this section must be completed even if attaching a resume. Furthermore, please be sure to attach any additional pages as needed.

(1)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

City/State \_\_\_\_\_ Company Telephone ( \_\_\_\_ ) \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly  Monthly  Yearly      Ending \_\_\_\_\_  Hourly  Monthly  Yearly

Was your termination voluntary or involuntary?  Voluntary  Involuntary

Please describe the exact reason for your termination:

\_\_\_\_\_

(2)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

City/State \_\_\_\_\_ Company Telephone ( \_\_\_\_ ) \_\_\_\_\_

Supervisor Name/Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly  Monthly  Yearly      Ending \_\_\_\_\_  Hourly  Monthly  Yearly

Was your termination voluntary or involuntary?  Voluntary  Involuntary

Please describe the exact reason for your termination:

\_\_\_\_\_

(3)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
City/State \_\_\_\_\_ Company Telephone ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly  Monthly  Yearly Ending \_\_\_\_\_  Hourly  Monthly  Yearly

Was your termination voluntary or involuntary?  Voluntary  Involuntary

Please describe the exact reason for your termination:

\_\_\_\_\_

(4)  
Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
City/State \_\_\_\_\_ Company Telephone ( \_\_\_\_ ) \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_

Please describe both your position and responsibilities:

\_\_\_\_\_

Earnings: Starting \_\_\_\_\_  Hourly  Monthly  Yearly Ending \_\_\_\_\_  Hourly  Monthly  Yearly

Was your termination voluntary or involuntary?  Voluntary  Involuntary

Please describe the exact reason for your termination:

\_\_\_\_\_

Have you *ever* been involuntarily terminated or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

How were you referred to our company? \_\_\_\_\_

Please describe why you would like a position with our company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNEMPLOYMENT HISTORY**

Please account for all times of unemployment during the last ten years, after completing school, by listing both the exact period(s) of time and the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.

---

---

**PROFESSIONAL REFERENCES**

List below three persons not related to you, from either a business or academic settings, who have knowledge of your professional performance abilities within the last three years.

(1)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

(2)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

(3)  
Reference Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Company/Institution Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

**LICENSE INFORMATION**

License/Certificate Name \_\_\_\_\_ License/Certificate Number \_\_\_\_\_ State Issued \_\_\_\_\_

If your license/certificate has ever lapsed, been revoked or suspended, please explain:

---

**MILITARY SERVICE**

Branch of Service \_\_\_\_\_

Dates of Enlistment: From \_\_\_\_\_ To \_\_\_\_\_ Rank Attained \_\_\_\_\_

Are you presently a member in the National Guard or Reserves?  Yes  No

If yes, list the date your obligation ends \_\_\_\_\_

Please describe any special skills you have obtained as a result of your service in the military:

---

**ATTENDANCE HISTORY**

Is there any reason you would not be able to fully conform to all attendance requirements?  Yes  No

If yes, please explain: \_\_\_\_\_

How many Mondays and/or Fridays were you absent last year, other than vacation leave? \_\_\_\_\_

Please explain: \_\_\_\_\_

## CRIMINAL HISTORY

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

Have you ever been convicted of health care fraud or are you currently banned from participation in any state or federal health benefit programs.  Yes  No

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) a felony or misdemeanor?  Yes  No

Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled?  Yes  No

If yes to either question noted above, please fully explain when, where and of what you were convicted and the result of the case(s):

---

Are you currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense?  Yes  No

If yes, state the nature of the crime charged, and when and where the trial is pending:

---

Have you used illegal drugs in the last six months?  Yes  No

Do you take any illegal drugs or medications which have not been prescribed for you?  Yes  No

If yes to either of the above questions, when was the last time you used illegal drugs? \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you use alcohol to the extent that it would impair your job performance?  Yes  No

If you have been supplied with a job description or are applying for a particular position with our company, do you believe you are able to perform the essential functions of the job (with or without reasonable accommodation)?  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

Have you ever been convicted of health care fraud or are you currently banned from participation in any state or federal health benefit programs.  Yes  No

Do you use alcohol to the extent that it would impair your job performance?  Yes  No

**AUTHORIZATION**

Please read the following carefully, being sure to initial each paragraph, sign and print your name, and date once completed.  
Please complete and sign any separate documents that may be attached.

---

**CONFIRMATION OF HONEST AND ACCURATE COMPLETION**

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.

Initials \_\_\_\_\_

**OTHER EMPLOYMENT AND/OR ACTIVITIES**

I understand that, if hired, I may not hold other employment or engage in other activities that create a conflict of interest with my position with the company, unless I have been given permission in writing by the company.

Initials \_\_\_\_\_

**AUTHORIZATION TO OBTAIN INFORMATION**

I voluntarily and knowingly authorize any present or past employer or supervisor, educational institution, administrator, law enforcement agency, state, local, or federal agency, credit bureau, collection agency, private business, military branch or the national personnel records center, personal reference, and/or any other persons to give records or information they may have concerning my criminal history, motor vehicle history, educational history, license history, employment history (including character, earnings, and reasons for termination), or any other information requested by the company deemed pertinent to my employment. *(See Separate Agreement)*

Initials \_\_\_\_\_

**RELEASE**

I voluntarily waive all recourse, and release any company, individual or organization from liability for complying with any request from the company or agents of the company (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release the company or any individual within the company regarding the use of any information received which may have bearing on my application for employment.

Initials \_\_\_\_\_

**NOTIFICATION AND COMPLIANCE**

I agree to immediately notify the company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies and procedures of the company.

Initials \_\_\_\_\_

**AGREEMENT FOR ARBITRATION**

I acknowledge that the company promotes a voluntary system of alternative dispute resolution, which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) that private binding arbitration can provide both the company and myself, I voluntarily agree to sign the Company's agreement which includes information which explains that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the company, whether based on tort, contract, statutory, or equitable law, or otherwise (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation Act of my state, Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures required under any specific Arbitration Act of state in which I am domiciled. I HEREBY VOLUNTARILY AGREE TO REVIEW AND SIGN THE COMPANY'S BINDING ARBITRATION AGREEMENT AND UNDERSTAND THAT BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY. *(See Separate Agreement)*

Initials \_\_\_\_\_

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized officer of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding. *(See Separate Agreement)*

Initials \_\_\_\_\_

**I accept all provisions above and certify that all of the information provided on this application is true and accurate.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed, which includes a complete background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company.*

---

Our company is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.