



APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Village Dermatology & Cosmetic Surgery, LLC is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, marital status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done, which will ensure an equal employment opportunity without imposing undue hardship on Village Dermatology & Cosmetic Surgery, LLC. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Your application will be active for 45 days. If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

Upon employment, employees of Village Dermatology & Cosmetic Surgery, LLC may be required to have their picture taken or to provide Village Dermatology & Cosmetic Surgery, LLC with a picture of them.

GENERAL INFORMATION

Last Name First Name Middle Name

Address

Contact Number(s) Social Security Number (Voluntary)

Email Address

Are you legally authorized to work in the United States? Yes No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g. H-1B)? Yes No
(If hire, verification will be required consistent with federal law.)

Are you at least 18 years old? Yes No
(If no, you may be required to provide authorization to work.)

Have you ever filed an application with us before? Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

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1950 Laurel Manor Dr, Ste. 224 | The Villages, FL 32162 | Ph: 352-751-6565 | Fax: 352-205-7777

POSITION INFORMATION

Position(s) Applied For _____

Date of Application _____

How did you learn about us?

- Advertisement Friend
 Relative Inquiry Other: _____

Applying For Full-time Part-time Seasonal Temporary
 Date Available for Work Desired salary range (Required) _____

EDUCATION & ADDITIONAL INFORMATION

| Type of School | School Name and Location | Highest Grade Completed | Diploma Degree | Course of Study |
|-------------------------------------|--------------------------|-------------------------|----------------|-----------------|
| High School or GED | | 9 10 11 12/GED | | |
| College or University | | 1 2 3 4 | | |
| Vocational or Trade School | | | | |
| Graduate School | | | | |
| Other (including military training) | | | | |

List any work related certifications or licenses you currently possess.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

BACKGROUND INFORMATION

During the past seven years, have you ever been discharged, suspended, or asked to resign from any position? Yes No

If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No

If yes, specify name. _____

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EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer, including US Military Service. Using a separate section for each position, describe in detail all work experience including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

| Employer | | Dates Employed | | Work Performed |
|--------------------|--|--------------------|-------|----------------|
| Address | | From | To | |
| Contact Number(s) | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Contact Number(s) | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
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| Supervisor | | Starting | Final | |
| Reason for Leaving | | | | |
| Employer | | Dates Employed | | Work Performed |
| Address | | From | To | |
| Contact Number(s) | | | | |
| Job Title | | Hourly Rate/Salary | | |
| Supervisor | | Starting | Final | |
| Reason for Leaving | | | | |

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) that we may contact:

| | | |
|----------------------|----------------------------|-------|
| Name _____ | Contact Number _____ | _____ |
| E-mail Address _____ | Type of Acquaintance _____ | _____ |
| Name _____ | Contact Number _____ | _____ |
| E-mail Address _____ | Type of Acquaintance _____ | _____ |
| Name _____ | Contact Number _____ | _____ |
| E-mail Address _____ | Type of Acquaintance _____ | _____ |

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APPLICANT'S STATEMENT & AGREEMENT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

_____ I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ I understand, where permissible under applicable state and local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment, and must receive a negative result for illegal drug use before being permitted to commence work with Village Dermatology & Cosmetic Surgery, LLC.

_____ I understand, where permissible under applicable state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Village Dermatology & Cosmetic Surgery, LLC.

_____ I understand, where permissible under applicable state and local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, and/or credit history and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ I hereby certify that the information given by me is true in all respects. I authorize Village Dermatology & Cosmetic Surgery, LLC and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ I understand employment with Village Dermatology & Cosmetic Surgery, LLC is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ I hereby certify that, if employed, my employment with Village Dermatology & Cosmetic Surgery, LLC will not conflict with, or result in the violation of, breach of, or default under, any contract, agreement or understanding that I am a party to or am bound by, other than those I have disclosed in this application, if any.

_____ I hereby certify that, if employed, my employment with Village Dermatology & Cosmetic Surgery, LLC will not violate any non-solicitation, non-competition or other similar covenant or agreement I have with any of my prior employers, other than those I have disclosed in this application, if any.

_____ I hereby certify that, if employed, I will report to my supervisor, a representative of HR or other member of management, if I am ever harassed by someone in the company or if I ever become aware of any unethical behavior by any employee.

_____ I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (Village Dermatology & Cosmetic Surgery, LLC or me) without prior notice to the other, unless otherwise prohibited by law.

_____ I understand that no representation, whether oral or written, by any representative or agent of Village Dermatology & Cosmetic Surgery, LLC, at any time, can constitute an implied or express contract of employment. I further understand no representative or agent of Village Dermatology & Cosmetic Surgery, LLC has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or an authorized representative.

I certify that all of the above information and any other information I have provided such as a resume or in verbal form during an interview is true and complete, and I understand that any falsification or omission of information may disqualify you from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

Note: An offer of employment is conditioned upon complying with Village Dermatology & Cosmetic Surgery, LLC's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background investigation.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

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FOR PERSONNEL DEPARTMENT USE ONLY

| | | | |
|---------------------------------|--|------------------------------|-----------------------------|
| Applicant Name | | Date | |
| Position(s) Applied for is Open | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Position(s) Considered for | | | |
| | | | |
| Arrange Interview | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Remarks | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Employed | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | Date of Employment | |
| Job Title | | Department | |
| Hourly Rate/Salary | | | |
| Approved By | | Date | |

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Confidential Background Check Authorization

I, _____ Authorize any investigator, special agent, or other representative of PDK Investigations investigative firm in the course of their risk assessment duties in conducting my background screening or investigation, to obtain any information relating to my activities from any previous or present employers, individuals, references, educational institutions, residential management agents, criminal justice agencies, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information permissible by law. This information may include, but is not limited to, my academic degree, residential, achievements, performance appraisal evaluations, attendance, pay, disciplinary actions, social media profiles, personal security files, employment history, criminal history record information, and/or financial credit information. PDK Investigations business services and performed operations “may” fall under several regulatory policies which governs consumer reports such as the Fair Credit Reporting Act (FCRA), Drivers Privacy Protection Act (DPPA), Gramm-Leach-Bliley Act (GLBA), the Privacy Act of 1974, Personal Identification Information (PII), and all other rulings that fall under the State of Florida or any other jurisdiction within the United States. PDK Investigations strongly emphasize that clients should not make decisions solely based on our services in determining creditworthiness, employment eligibility, tenancy, insurance, investments, licenses, or government benefits, but rather to make well informed decisions based on all information and resources made available to them in order to mitigate risk. With this understanding I authorize PDK Investigations to disclose these findings to the requesting client listed below. I also understand that services requested may fall under the Fair Credit Reporting Act (FCRA) and acknowledge that I have been advised and afforded my Summary of Rights under the FCRA in subsequent pages of this document. If one is not part of this authorization form I will be furnished one upon my request. I hereby authorize PDK Investigations to initiate the checked off purpose and services below and to report these findings to Dr. Tran of Village Dermatology & Cosmetic Surgery, LLC located in The Villages, FL.

Applicant First Name: _____ M.I.: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ SS #: _____ - _____ - _____ Phone #: (____) _____ - _____

Driver's License Number: _____ State: _____

Applicant Signature: _____ Date: _____

Applicant E-Mail : _____

Thi T. Tran, DO, FAOCD, FAAD
Board Certified Dermatology
Board Certified Mohs Micrographic Surgery
Skin Cancer and Mohs Surgery Specialist



Patricia Spitzer, PA-C
Jennifer Wann, PA-C
Laura Erika Christine Dermenjian, PA-C
Skin Care Specialists

**Requirement to Disclose Ineligibility to Participate in or
Exclusion from Participation in any Federal Health Care Program**

In our ongoing efforts to promote compliance with all applicable laws, Village Dermatology and Cosmetic Surgery, L.L.C. (the "Practice") requires all the below listed persons or entities to immediately disclose if they are or become ineligible to participate in, or have been excluded from participation in, any federal or state health care program, such as, but not limited to, Medicare or Medicaid.

All the Practice's employees, contractors, agents, and other persons who furnish patient care items or services or who perform billing or coding functions on behalf of Dr. Tran or the Practice must disclose if:

1. He/she/it is currently excluded from participation in any federal or state health care program; or
2. has been convicted of (a) a criminal offense that is related to the delivery of an item or service under Medicare or any state health care program; (b) a criminal offense relating to neglect or abuse of patients; (c) a felony criminal offense relating to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of a health care item or service or with respect to a government funded health care program (other than Medicare or a state health care program); or (d) a felony criminal offense relating to the unlawful manufacture, distribution, prescription or dispensing of a controlled substance, but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

This requirement is ongoing and if your eligibility or exclusion status changes, you must immediately notify Debrah De Jesus, or Dr. Tran of the change in status.

Acknowledgement:

I, _____, hereby acknowledge that I have received and reviewed the foregoing. I understand this requirement is ongoing, and that failure to comply with the requirement may subject me to immediate adverse action, which may include suspension or termination of employment.

Signed: _____

Date: _____