

Position: **Patient Care Coordinator**

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Are you currently employed? Yes No

What type of hours are you seeking? Part-Time Full-Time

Would you be interested in Full-Time if it became available? Yes No

What is your desired starting hourly wage? \$\_\_\_\_.\_\_\_\_ per hour

Can you work Monday through Friday? Yes No

Can you work between 8:00AM and 5:30PM? Yes No

Can you cover hours beyond your regularly scheduled hours to accommodate department staff vacations, illnesses, and/or other absences? Yes No

When would you be able to start? \_\_\_\_\_

Is travel/distance to/from our location a concern? Yes No

Do you have any friends/family members that are or have been employed at our office? Yes No

If yes, please provide details. \_\_\_\_\_

Have you or a friend/family member had cosmetic procedures? Yes No

Have you visited our website? Yes No

Are you comfortable speaking with people on procedures/pricing? Yes No

Do you have computer experience? Yes No

Do you have patient scheduling experience? Yes No

Do you have sales/marketing/social media experience? Yes No

What skills/abilities do you possess that could be utilized to positively benefit our practice? \_\_\_\_\_

What are your expectations and/or what do you hope to achieve should you join our team? \_\_\_\_\_

Applicant Comments/Questions: \_\_\_\_\_

# Saratoga Springs Plastic Surgery, PC and/or Saratoga Springs MediSpa Application for Employment

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring an accommodation to complete the application and/or interview process should contact a management representative.

Position(s) applied for		Date of application	
Print full name			
Street address		City	State
Main phone number	Alt. phone number	Email	

## Employment Experience

List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give company name and supply business references. Add an additional page if necessary.

Name of employer		Supervisor	May we contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address			
Phone number		Dates employed (month/year)	
		From	To
Job title and duties		Reason for leaving	

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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
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Name of employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Street address		
Phone number	Dates employed (month/year)	
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Job title and duties	Reason for leaving	

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

If yes, explain.

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Explain any gaps in your employment history.

List any other experience, job-related skills, additional languages, or other qualifications that you believe should be considered.

## Education

Describe your educational background in the table provided below.

	School name	Diploma/ degree (Yes/No)	Area of study/ major	Specialized training, skills, or extracurricular activities
High school				
College/ university				
Graduate/ professional school				
Trade school				
Other				

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## Business and Professional References

List three professional references of individuals who are *not* related to you.

Name and title	Relationship	Phone number or email

## Personal References

List three people who know you well.

Name and title	Relationship and years acquainted	Phone number or email

## General Information

1. Have you ever used another name?  Yes  No
2. Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record?  Yes  No

If yes to either of the above, explain:

3. Have you ever worked for this company before?  Yes  No  
If yes, provide dates and position:
4. Do you have friends and/or relatives working for this company?  Yes  No  
If yes, name(s) and relationship(s):

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5. On what date are you available to begin work? \_\_\_\_\_

6. Days/hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

7. Are you available to work?  Full time  Part time  Shift work  Temporary

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

9. Can you travel if the position requires it?  Yes  No

10. Can you relocate if the position requires it?  Yes  No

11. Are you at least 18 years old?  Yes  No

**Note:** If under 18, hire is subject to verification that you are of minimum legal age.

12. If hired, can you present evidence of your identity and legal right to work in this country?  
 Yes  No

13. Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

**Note:** We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

## Applicant Statement and Agreement

Read and initial each paragraph below. Ask if there is anything that you do not understand.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

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\_\_\_\_\_ In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.

\_\_\_\_\_ If hired, I understand and agree that my employment with the company is at will and that neither I nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

\_\_\_\_\_ I understand that the safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

\_\_\_\_\_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration law requires me to complete an I-9 Form in this regard.

\_\_\_\_\_ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed, and the remainder of this Agreement shall be enforceable.

**My signature attests to the fact that I have read, understand, and agree to all of the above terms.**

**Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_