

**APPLICATION FOR EMPLOYMENT**  
**BEESON AESTHETIC SURGERY INSTITUTE**  
 13590 North Meridian Street, Carmel, IN 46032  
 WILLIAM H. BEESON, M.D.

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

Personal Data:

\_\_\_\_\_  
 (Last Name) (First) (Middle) (Daytime phone)

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)

\_\_\_\_\_  
 (Social Security Number) (Home Phone) (Number of years at this address)

\_\_\_\_\_  
 (In case of emergency, contact) (Phone)

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)

\_\_\_\_\_  
 (Position Applied For) (Department / Area of Preference) (Safety Requirement)

Applying for : \_\_\_ Full time \_\_\_ Part time \_\_\_ Temporary \_\_\_\_\_ Days/ Hours Available

When can you start? \_\_\_\_\_

If necessary, would you be willing to rotate shifts? \_\_\_ Yes \_\_\_ No

If necessary, would you be willing to work weekends and holidays and be on call? \_\_\_ Yes \_\_\_ No

Are you a citizen of the United States of America? \_\_\_\_\_

If not, what is your immigration status? \_\_\_\_\_

Permanent Residence Number \_\_\_\_\_

WHAT PROMPTED YOUR APPLICATION (Please indicate source)

\_\_\_ Employee Referral      \_\_\_ Journal Ad      \_\_\_ Other (Explain) \_\_\_\_\_  
 \_\_\_ Newspaper Ad      \_\_\_ School  
 \_\_\_ Agency      \_\_\_ Own Accord

REGISTERED, CERTIFIED, OR LICENSED POSITIONS ONLY :

Number \_\_\_\_\_ State of Registry \_\_\_\_\_

Have you applied for endorsement? \_\_\_\_\_ When? \_\_\_\_\_

If not registered in Indiana, please indicate where appropriate \_\_\_\_\_

Have you applied for license exam? \_\_\_\_\_ Date of Exam \_\_\_\_\_

EDUCATIONAL TRAINING :

| School          | Name / Location | Years Attended | Circle Years Completed | Year Graduated | Degree/ Course of Study |
|-----------------|-----------------|----------------|------------------------|----------------|-------------------------|
| High School     |                 |                | 1 2 3 4                |                |                         |
| College         |                 |                | 1 2 3 4                |                |                         |
| Nursing School  |                 |                | 1 2 3 4                |                |                         |
| Graduate School |                 |                | 1 2 3 4                |                |                         |
| Other           |                 |                | 1 2 3 4                |                |                         |

|   |
|---|
| It is the policy of Beeson Aesthetic Surgery Institute to hire employees without regard to race, color, national origin, religion, gender, age or disability. |
|---|

PREVIOUS EMPLOYMENT DATA – LIST MOST RECENT JOBS FIRST

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1. (Company Name) (Nature of Business)

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(Address) (City) (State) (Zip)

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(Job Title) (Name/Title of Supervisor)

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(Date Started) (Date Left) (Starting Pay) (Final Pay) (Reason for Leaving)

Briefly describe the nature of your work:

May we contact for reference purposes? \_\_\_\_ Yes \_\_\_\_ No Telephone Number: \_\_\_\_\_

PREVIOUS EMPLOYMENT DATA – LIST MOST RECENT JOBS FIRST

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2. (Company Name) (Nature of Business)

---

(Address) (City) (State) (Zip)

---

(Job Title) (Name/Title of Supervisor)

---

(Date Started) (Date Left) (Starting Pay) (Final Pay) (Reason for Leaving)

Briefly describe the nature of your work:

May we contact for reference purposes? \_\_\_\_ Yes \_\_\_\_ No Telephone Number: \_\_\_\_\_

PREVIOUS EMPLOYMENT DATA – LIST MOST RECENT JOBS FIRST

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3. (Company Name) (Nature of Business)

---

(Address) (City) (State) (Zip)

---

(Job Title) (Name/Title of Supervisor)

---

(Date Started) (Date Left) (Starting Pay) (Final Pay) (Reason for Leaving)

Briefly describe the nature of your work:

May we contact for reference purposes? \_\_\_\_ Yes \_\_\_\_ No Telephone Number: \_\_\_\_\_

PREVIOUS EMPLOYMENT DATA – LIST MOST RECENT JOBS FIRST

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4. (Company Name) (Nature of Business)

---

(Address) (City) (State) (Zip)

---

(Job Title) (Name/Title of Supervisor)

---

(Date Started) (Date Left) (Starting Pay) (Final Pay) (Reason for Leaving)

Briefly describe the nature of your work:

May we contact for reference purposes? \_\_\_\_ Yes \_\_\_\_ No Telephone Number: \_\_\_\_\_

BEESON AESTHETIC SURGERY INSTITUTE  
APPLICATION FOR PRIVILEGES

JOB SKILLS (Check all that apply):

OFFICE SKILLS:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Typing (WPM_____) | <input type="checkbox"/> Shorthand      | <input type="checkbox"/> Dictaphone      |
| <input type="checkbox"/> Bookkeeping       | <input type="checkbox"/> Record Filing  | <input type="checkbox"/> Addressograph   |
| <input type="checkbox"/> Comptometer       | <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Mailing Clerk   |
| <input type="checkbox"/> Personnel         | <input type="checkbox"/> Calculator     | <input type="checkbox"/> Billing Machine |
| <input type="checkbox"/> Mimeograph        | <input type="checkbox"/> Credit         | <input type="checkbox"/> Cashier         |
| <input type="checkbox"/> Copy Machine      | <input type="checkbox"/> Switchboard    | <input type="checkbox"/> Other           |

Are you familiar with medical terminology or any specialties?

Please list computer software you are proficient in:

SPECIALIZED HOSPITAL EXPERIENCE:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Insurance Billing | <input type="checkbox"/> Cardiovascular Technician | <input type="checkbox"/> Security Guard           |
| <input type="checkbox"/> Registered Nurse  | <input type="checkbox"/> Laundry                   | <input type="checkbox"/> Medical Transcriptionist |
| <input type="checkbox"/> Practical Nurse   | <input type="checkbox"/> Transporter               | <input type="checkbox"/> Medical Records Clerk    |
| <input type="checkbox"/> Nurse's Aide      | <input type="checkbox"/> Laboratory Technician     | <input type="checkbox"/> Medical Secretary        |
| <input type="checkbox"/> Orderly           | <input type="checkbox"/> Engineer/Fireman          | <input type="checkbox"/> Pharmacy                 |
| <input type="checkbox"/> Food Service      | <input type="checkbox"/> Photography               | <input type="checkbox"/> Purchasing               |
| <input type="checkbox"/> Chef/Cook         | <input type="checkbox"/> Public Relations          | <input type="checkbox"/> Library                  |
| <input type="checkbox"/> Housekeeping      | <input type="checkbox"/> Speech Pathology          | <input type="checkbox"/> Nuclear Medicine         |
| <input type="checkbox"/> Audiology         | <input type="checkbox"/> Other (specify)           |   |

GENERAL MAINTENANCE ONLY:

- Air Conditioning
- Carpenter
- Custodial/Housekeeping
- Electrician
- Groundskeeper
- Painter/Plasterer
- Plumber
- Warehouse

MISCELLANEOUS DATA:

List Academic Honors:

List Professional Association Memberships:

Describe any extracurricular activities or hobbies:

List any friends or relatives who have/or are currently working for us, and their relationship to you:

Please answer each of the following questions. If an answer to any of these questions is "yes", please provide a detailed explanation on a separate sheet of paper and attach.

- |  | YES   | NO    |
|--|-------|-------|
| 1. If you are a health care provider, have any disciplinary actions been initiated, or are any pending against you by any state licensure board?   | _____ | _____ |
| 2. If you are a health care provider, has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended, or revoked, or have you ever been on probation? | _____ | _____ |
| 3. If you are a health care provider, have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, state, or federal health insurance programs?  | _____ | _____ |
|  | YES   | NO    |
| 4. Have you ever been the subject of an investigation by any federal, state, or county governmental agency?  | _____ | _____ |

5. Have you every been convicted as a result of any criminal proceedings, either felony or misdemeanor, or pled nolo contendere to such charges? \_\_\_\_\_
6. Have you ever been arrested for any reason other than a minor traffic violation? \_\_\_\_\_
7. In the last five years, have you been arrested for a traffic violation (minor or otherwise)? \_\_\_\_\_
8. Have you ever been refused auto insurance coverage, or had your auto insurance coverage canceled by your carrier? \_\_\_\_\_
9. If you are a health care provider, have you ever been the subject of any professional liability claims/complaints? \_\_\_\_\_
10. Have you ever been placed on probation, suspended, disciplined, or terminated by any of your previous employers? \_\_\_\_\_
11. Have you ever voluntarily or involuntarily resigned in order to avoid being Terminated from your employment? \_\_\_\_\_
12. Have you ever been the subject of any disciplinary proceedings at the place of your employment, at any hospital, or any health care facility? \_\_\_\_\_
13. Have you used any drugs illegally? \_\_\_\_\_  
If the answer is "yes", indicate the date of last occurrence: \_\_\_\_\_
14. Aside from schedule days off, how many days of scheduled work did you miss in the last year? \_\_\_\_\_
15. Have you ever been arrested for driving under the influence of alcohol? \_\_\_\_\_
16. Is there any reason you cannot perform all of the functions and procedures associated with the position you are applying for, with or without reasonable accommodation according to accepted standards of professional performance and without posing a direct threat to patient care? \_\_\_\_\_

*I certify that the information given by me in this application is true in all respects and agree that if the information given is found to be false, in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished this information. I realize that as a condition for employment certain background checks and evaluation are necessary. I hereby authorize credit background checks, criminal background investigations, review of medical records, and any other testing or evaluation processes which are deemed of value in evaluating my potential for employment. I will also be required to have a drug test and a pre-employment physical examination and possibly a psychological assessment evaluation. Again, I release all such persons from any liability or damages on account of furnishing such information..*

*I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for providing of any benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding on the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason, and no reason whatsoever, and that the company retains the same right.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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PLEASE DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Date Interviewed: \_\_\_\_\_ Applicant Accepted: \_\_\_Yes \_\_\_No \_\_\_Considering

Comments:

Physical Exam Date: \_\_\_\_\_|References Received: \_\_\_Yes \_\_\_No|Employment authorized by: \_\_\_\_\_|Start Date: \_\_\_\_\_  
Results Received: \_\_\_Yes \_\_\_No|References Checked: \_\_\_Yes \_\_\_No|Employment confirmed by: \_\_\_\_\_|Wage Rate: \_\_\_\_\_  
Employment Status: FT\_\_\_ PT\_\_\_ Permanent\_\_\_ Temporary\_\_\_

Position/Title: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status \_\_\_\_\_