

**Ran Y. Rubinstein, MD**  
**Laser & Cosmetic Surgery Specialists, PC**

**Pre Job Interview Questionnaire**

Our practice is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Please take a few minutes to fill out these pre-interview questions (Part 1 & Part 2). Please return to [RRubinstein@yourfacemd.com](mailto:RRubinstein@yourfacemd.com)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**PART 1:**

1. Tell me about your responsibilities in your previous (or current) job. Which did you like the most and why? Also, which did you like the least and why?
2. Why did you leave (or considering) last job? If you left on your own – would your company re-hire you?
3. What do you know about this practice? Dr. Rubinstein?
4. How would you describe yourself as an employee? What are your strengths? What are your weaknesses?
5. What do co-workers say about you?
6. Do you consider yourself successful? Why?
7. Have you done anything in the last year to improve your knowledge in your field of work?

8. What qualities do you look for in a boss? Why?
  
9. Did you receive a performance appraisal from you supervisor? What were some of the areas where you needed improvement? Were these criticisms fair?
  
10. Where do you see yourself in 5 years from now? If hired how long would you expect to work for us?
  
11. Do you have any special needs? i.e. leave by a certain time, days you can't work, etc?
  
12. What is your desired salary/hourly wage and why? Do you need benefits? What type of benefits?
  
13. What did you think about this questionnaire?

**PART 2:**

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Years Completed (circle one) 1 2 3 4

**Diploma:** \_\_\_ Yes \_\_\_ No                      **G.E.D.:** \_\_\_ Yes \_\_\_ No                      Year: \_\_\_\_\_

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

**Number of Years Completed** (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To: \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To: \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_  
State License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_  
Other Professional Memberships: \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other Protected status.)

**SKILLS:**

Typewriter \_\_\_\_\_ words per minute? \_\_\_\_\_ Lotus 1,2,3 \_\_\_\_\_ CRT \_\_\_\_\_ Billing Software  
\_\_\_\_\_ WordPerfect \_\_\_\_\_ MS Word \_\_\_\_\_ Excel \_\_\_\_\_ Access  
\_\_\_\_\_ Data Entry \_\_\_\_\_ Excel \_\_\_\_\_ EMR(electronic medical records)

Other Software Skills:  
\_\_\_\_\_

**RECORD OF CONVICTION:**

During the last ten years, have you ever been convicted of a crime other than a traffic offense?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

\_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

**EMPLOYMENT:**

May we contact your present employer? \_\_\_ Yes \_\_\_ No

If any employment was under a different name, please indicate name: \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ Numbers of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ Numbers of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ Numbers of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Position \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Supervisor \_\_\_\_\_ Department \_\_\_\_\_  
Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ Numbers of Hours \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Please provide us with Business **References:**

**Professional 1**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Professional 2**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**Professional 3**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT:**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the practice to verify their accuracy and to obtain reference information on my work performance. I hereby release the practice from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omission of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the practice. However, I further understand that neither policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_