

THE SURGERY CENTER
APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name First Name Middle Name Social Security Number

Street Address City State Zip Code Date

Home Phone Business Phone

Position(s) Applied For: _____

Employment History: Begin with current or last job, including military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

1. _____
Employer Address From To

Duties / Responsibilities:

Hourly / Annual Salary: \$ _____ / \$ _____ Start / Final : \$ _____ / \$ _____

Job Title Supervisor () Telephone Number

Reason For Leaving:

2. _____
Employer Address From To

Duties / Responsibilities:

Hourly / Annual Salary: \$ _____ / \$ _____ Start / Final : \$ _____ / \$ _____

Job Title Supervisor () Telephone Number

Reason For Leaving:

Employment History : (continued)

3. _____
 Employer Address From To

Duties / Responsibilities :

Hourly / Annual Salary : \$ _____ / \$ _____ Start / Final : \$ _____ / \$ _____

_____ () _____
 Job Title Supervisor Telephone Number

Reason For Leaving :

4. _____
 Employer Address From To

Duties / Responsibilities :

Hourly / Annual Salary : \$ _____ / \$ _____ Start / Final : \$ _____ / \$ _____

_____ () _____
 Job Title Supervisor Telephone Number

Reason For Leaving :

[IF YOU NEED ADDITIONAL SPACE, PLEASE USE A SEPARATE SHEET OF PAPER]

Education: Years Completed > 12 14 16 18 19 20 20+ (circle last year completed)

School	Location	Diploma / Degree	Studies
High School	_____	_____	_____
Trade / Professional School	_____	_____	_____
College / University	_____	_____	_____
Graduate School	_____	_____	_____

PROFESSIONAL LICENSE / CERTIFICATION :

_____ / / _____
 Type State Expiration Date Registration Number

Specialized Training; Extracurricular Activities: _____

Honors, Awards, Copyrights, Patents, Publications

Special Job-related Skills and Qualifications From Employment or Other Experience:

Foreign Languages:

	Speak	Read	Write	Fluent	Good	Fair
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Professional, Trade, Business, or Civic Organizations / Offices:

(You may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.)

Military History:

When Release / Type

Job-related Training

Current Status

Personal:

If under 18 years of age, can you provide proof of eligibility to work? Yes ___ No ___

Have you ever applied to us before? Yes ___ No ___

If yes, when? _____

Have you ever been employed with us before? Yes ___ No ___

If yes, when? _____

Do you have a relative or friend employed with us? Yes ___ No ___

If yes, who? _____

May we contact your present employer? Yes ___ No ___

Have you had a name change that would affect verifying references with previous employers? Yes ___ No ___

If yes, what? _____

Personal: (continued)

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes ___ No ___

Have you ever been convicted of a crime (other than a traffic violation)? [CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT] Yes ___ No ___

If yes, please explain _____

Are you a citizen of the United States? Yes ___ No ___

If no, does your immigration status permit you to work? [PROOF (Visa, Green Card, Social Security Card) AND DRIVER'S LICENSE MUST BE PROVIDED] Yes ___ No ___

Are you currently on "layoff" status, subject to recall? Yes ___ No ___

On what date will you be available for work? ___/___/___

Availability: Full Time ___ Part Time ___ Per Diem ___ Temporary ___

References Other Than Previous Employers or Relatives:

(Providing this information means that you give this organization permission to contact the references listed.)

1. _____ () _____ - _____
Name Address Telephone Number

2. _____ () _____ - _____
Name Address Telephone Number

3. _____ () _____ - _____
Name Address Telephone Number

4. _____ () _____ - _____
Name Address Telephone Number

In the event of an emergency, please notify:

_____ () _____ - _____
Name Relationship Telephone Number

APPLICANT'S ACKNOWLEDGMENT

[THIS APPLICATION SHALL BE CONSIDERED ACTIVE FOR NO MORE THAN 90 DAYS. AFTER THAT TIME, APPLICANTS WILL BE REQUIRED TO RESUBMIT A COMPLETED APPLICATION. THE APPLICANT UNDERSTANDS THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THIS EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT IS EXECUTED IN WRITING BY THE EMPLOYER AND EMPLOYEE.]

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated. I agree that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical examination for initial and continued employment. I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signed _____

Dated ___/___/___