

Employment Application - READ CAREFULLY:
ALL INFORMATION PROVIDED ON THIS APPLICATION IS CONFIDENTIAL

This organization does not discriminate based upon race, color, religious creed, nationality, sex or sexual orientation, age, or disability.

Please answer all questions completely. The information you supply will be fully verified and you should avoid any misstatements which would jeopardize your consideration for employment.

DATE OF APPLICATION _____	TYPE OF WORK: LICENSED CLINICAL _____ BUSINESS OFFICE _____ UNLICENSED CLINICAL _____	SPECIFIC POSITION (i.e. OR, PACU, BILLER, MEDICAL ASSISTANT)			
CURRENT HOURLY RATE _____	TYPE OF EMPLOYMENT: FULL-TIME _____ PART-TIME _____ PRN _____	HOW DID YOU HEAR ABOUT THIS JOB?			
DESIRED RATE _____					
PERSONAL INFORMATION	LAST FIRST MIDDLE				
	ADDRESS: STREET • CITY, STATE ZIP		DATE OF BIRTH MM/DD/YYYY		
	DRIVERS LICENSE STATE NUMBER	TELEPHONE NO _____ CELL PHONE _____	EMAIL ADDRESS		
	HAVE YOU APPLIED HERE BEFORE? YES NO	IF YES, WHEN?	ARE YOU A U.S. CITIZEN? YES NO LEGALLY ALLOWED TO WORK? YES NO	REGISTRATION #: _____ SS#: _____	
EDUCATION	TYPE	NAME OF SCHOOL	LOCATION (CITY & STATE)	DATES ATTENDED FROM TO	DEGREE ATTAINED
	HIGH SCHOOL				
	COLLEGE				
	NURSING SCHOOL				
	GRADUATE WORK				
	OTHER				
MAJOR STUDIES:		MINOR STUDIES:			
OTHER SKILLS ACQUIRED OR ADDITIONAL EDUCATION YOU FEEL IS PERTINENT TO YOUR APPLICATION (BUSINESS MACHINES OPERATED, ETC.) INCLUDE PROFESSIONAL CERTIFICATIONS AND LICENSES Check if certified in: <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> BLS Check if basic skills: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Excel <input type="checkbox"/> Quickbooks					
IF YOU ARE AN R.N. OR OTHER PROFESSIONAL REQUIRING		LICENSE NO. _____ STATE _____			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR VIOLATION?		EXPLAIN:			
HAVE YOU SERVED IN ANY BRANCH OF THE U.S. MILITARY?		BRANCH:	DATE ENTERED	DATE DISCHARGED _____ HONORABLY?	
MILITARY WORK EXPERIENCE OR TRAINING					
OTHER INFORMATION TO BE CONSIDERED FOR THIS APPLICATION					

List all employment for the past 10 years, or since leaving school, starting with your most recent position. All time must be accounted for including U.S. Military Service. If you were unemployed for any period, state the nature of your activities. As your work experience is an important factor in finding a position for which you are suited, complete carefully.

PRESENT EMPLOYER MAY BE CONTACTED? YES _____ NO _____

PAST EMPLOYER NAME	ADDRESS	POSITION HELD / SALARY AT TIME OF TERMINATION	DATES OF EMPLOYMENT	DESCRIBE DUTIES
		POSITION RATE	FROM TO	
		POSITION RATE	FROM TO	
		POSITION RATE	FROM TO	
		POSITION RATE	FROM TO	

Comments: _____

Please list three persons, *other than relatives*, who have known you for *at least one year (at least one with whom you have worked)*.

NAME	RELATIONSHIP	TELEPHONE #	MAILING ADDRESS

You may attach a copy of your resume as a reference; however, it is necessary to complete the Application *in full* and submit it with your resume.

Please attach additional page(s) if necessary to include pertinent information.

1. I certify by my signature that the information I provided on this application is true and complete. I understand that any concealment or misrepresentation may be considered cause for denial of or termination of (if discovered later) employment. I authorize inquiry into the statements made in this application as may be necessary for an employment decision.
2. I also certify that I may be required to work at other than my regular assignment and hours, including but not limited to overtime, as the needs of the organization require, and that my continued employment is subject to complying with those other rules, regulations, and conditions as established by management.
3. I also certify that if I am employed, I will give at least 14 days written notice before terminating my employment. Failure to give such notice waives all benefits I accrued other than pay for time worked (as allowed by applicable law).
4. I understand that for the organization and its personnel to make a knowledgeable decision about employment, they must check with my prior employers. I consent to and authorize the organization and its personnel to ask the references I note above, in any manner they choose, for information concerning me whether good or bad, and I know that a complete answer is important to my being hired.
5. I understand that I will be required to abide by applicable job description(s), Policies and Procedures of the organization including but not limited to personnel policies and procedures that may be revised at any time by management with or without notice.
6. I understand that my employment will be 'employment at will', which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that no one representing the organization may change this employment status unless it is in writing and signed by the Administrator.
7. I understand that I may be required to pass a physical examination, including a drug test, before a final offer of employment is made. Random drug testing may also be required at any time throughout my employment. By signing below, I consent to these procedures.
8. I understand in making application for employment, an investigative report may be made by a consumer reporting agency and/or law enforcement agency to include but not limited to information as to my character, general reputation, personal characteristics, criminal records, and mode of living, whichever may be applicable (background check, credit check as applicable) for which, my SS# is required and collected on this application. If such an investigative report is made, I will receive notice that a report has been requested. I have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.
9. I understand and agree that a urine drug test and fingerprint record are required prior to acceptance of employment.
10. I understand that my complete application (if deemed appropriate for employment in a position at Surgicare of Lake Charles) will remain on file for a period of ninety (90) days at which time it will be necessary for potential employees to complete a new application for employment consideration with the organization. Openings for employment for which you applied will cause your on-file-application to be reviewed for appropriateness but does not guarantee an offer of employment.

I therefore RELEASE all parties and persons connected with any request for information from all possible claims, liability, and damages for whatever reason arising out of compliance with/providing information for a request for information.

DATE	APPLICANT SIGNATURE	PRINT NAME
DATE APPLICATION RECEIVED _____	By _____	
DISPOSITION _____		