

# Physicians Surgery Center

## Application for Employment

Physicians Surgery Center offers equal opportunity for employment to all applicants without regard to race, creed, age, color, religion, sex, military status, disability, or national origin. In answering the following questions, I understand that PSC is relying upon the truthfulness and completeness of my statements and further understand that this reliance is a substantial factor in considering my proposed employment with PSC. This employment application is valid for 90 days.

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PSC is a smoke-free environment.

Employment Information Position Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Type of Employment: Full \_\_\_\_\_  
Part \_\_\_\_\_

Desired Income: \_\_\_\_\_

Days and Hours Available if Part Time:  
(Show days and hours, AM and PM)

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(You must have a Social Security Card in your current name to be hired.)

License, Registration or Certification #: \_\_\_\_\_  
(If listed in qualifications for job. Proof of license, registration or certification must be presented before an offer of employment will be made.)

Do you have a reliable means of transportation to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been discharged or requested to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, explain:

Does your present employer know of your plans to change employment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If presently employed, why do you wish to change jobs?

Do you have relatives or friends employed here? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, give names and relationship:

Have you been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give dates of employment: \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, explain:

\_\_\_\_\_

List any experience, skills or qualifications which you feel would especially suit you for work here:

\_\_\_\_\_

### Education Information

| School                   | Date Completed | Degree/Maj. | Name of School | Location |
|--------------------------|----------------|-------------|----------------|----------|
| High                     | _____          | _____       | _____          | _____    |
| Trade, Bus.<br>Technical | _____          | _____       | _____          | _____    |
| College                  | _____          | _____       | _____          | _____    |
| Nursing<br>School        | _____          | _____       | _____          | _____    |

Describe any other specialized or professional training. Include study courses given through private or public employment. State whether degree or certificate was received.

Can you submit copies of certificates, degrees, or awards if asked? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

### Employment Record

(Start with most recent or present employer)

1. Name of Present or Most Recent Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Name at Time of Employment: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Immediate Supervisor Position: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

2. Name Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Name at Time of Employment: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Immediate Supervisor Position: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

3. Name Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Name at Time of Employment: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Immediate Supervisor Position: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

4. Name Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Name at Time of Employment: \_\_\_\_\_

Immediate Supervisor Name: \_\_\_\_\_ Immediate Supervisor Position: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_ Date Left: \_\_\_\_\_

Last Rate: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Personal References**

(No former employers or relatives)

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1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AGREEMENT**

Please read the following carefully:

I certify that the above information is correct and that PSC is relying upon my truthfulness and completeness in my statements and that this reliance is a substantial factor in considering my application for employment with PSC.

I understand that any misrepresentation on this application will be cause for immediate dismissal if hired.

If employed, I agree to allow PSC to payroll deduct any outstanding monies owed to this organization.

If employed, I agree to abide by all requirements, which are established or amended by PSC.

I understand and agree, if hired, my employment is for no definite period of time and may be terminated at any time.

I understand I may not be considered for employment if my application is deemed incomplete.

I understand PSC is a smoke-free environment. Any violations of this guideline will lead to discipline up to and including termination.

I hereby state that I am legally entitled to accept employment in the United States.

Under the provisions of the Fair Credit Reporting Act U.S.C., Sec. 1681, et seq. notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, education background, credit worthiness, character, general reputation, driving record, criminal record, personal characteristics, and mode of living, which will be used for employment purposes.

You are further advised under said act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I authorize PSC or it's agents to investigate all information and references given within and further I release PSC and all former employers or organizations from any liability whatsoever for providing the information for the investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date