

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Tower Clock Surgery Center

Instructions: All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write NA in the space. Upon completion, sign your name in the space provided. **Please PRINT or WRITE legibly.**

IDENTIFICATION

Today's Date _____

Do not write in this space

Offer Date/Time _____
 Starting Date _____
 Position Title _____
 Rate of Pay _____
 Orientation Date _____

Last name	First name	Middle initial	Social Security number	
Present address	street and number	city	state	zip code
Telephone number				
Permanent address	street and number	city	state	zip code
Telephone number				
If you are not a U.S. citizen, do you have an <i>Alien Registration Receipt Card</i> (1-151)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A If no, please explain.				Message number
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A				
What or who prompted you to apply here (please be specific, i.e., which newspaper, journal, name of friend, school instructor, etc.)? <input type="checkbox"/> Job Line <input type="checkbox"/> Professional Journal Ad <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Other _____				

WORK PREFERENCES

Position desired	When can you start?	Approximate salary expected: Per hour _____ per month _____
Are you willing to accept: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> On call		
If part-time, indicate days and hours available.		
Can you be flexible in your hours?	Are you willing to work weekends? <input type="checkbox"/> NO <input type="checkbox"/> YES	
References Checked: Spoke with _____	Eligible for re-hire <input type="checkbox"/> NO <input type="checkbox"/> YES	

PERSONAL

Have you ever applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate date Mo. _____ Yr _____	Have you any relatives or acquaintances working here? <input type="checkbox"/> YES <input type="checkbox"/> NO Don't know for sure	If Yes, indicate name, relationship and dept.
Have you ever worked here before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate dates and the department in which you worked. From _____ / _____ to _____ / _____ Department: _____ Position: _____		

LICENSE, REGISTRATION OR PERMIT

TYPE OF REGISTRATION OR CERTIFICATE	STATE	NUMBER	EXPIRATION	For Office use only Verification
If you do not have required certification, registration or license, have you applied for one? <input type="checkbox"/> YES <input type="checkbox"/> NO			If an examination is required, what date are you scheduled to take the examination? _____	

IN CASE OF EMERGENCY

Name _____ Relationship _____

Address: Street, Number/City/State/Zip _____

Home phone number (_____) _____ Work phone number (_____) _____

EDUCATION

Indicate high school, vocational school, business school, school of nursing, college or university attended.

NAME OF SCHOOL	LOCATION: CITY/STATE	COURSE OF STUDY	FROM/TO		DEGREE, DIPLOMA OR CERTIFICATE OBTAINED
			MO/YR	MO/ YR	
Do you plan to resume your education? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED			If yes, when? Name and location of school you plan to attend.		

Please list any other training or courses which may be pertinent to the position you are applying for _____

SPECIAL SKILLS AND TRAINING:

Check which skills or training you have in the following areas:

Business	Computers	General	Patient Care
<input type="checkbox"/> Typing - wpm	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Floor Care	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Transcription - wpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Sterile Processing	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Access	<input type="checkbox"/> Sterilization	<input type="checkbox"/> Pre-Op Preps
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Power Point	<input type="checkbox"/> Sterilizer (Steam/Gas)	<input type="checkbox"/> Isolation Technique
<input type="checkbox"/> Accounting	<input type="checkbox"/> Advantx	<input type="checkbox"/> Maintenance (General)	<input type="checkbox"/> Catheterization
<input type="checkbox"/> Ten-Key Adding	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Cleaning (General)	<input type="checkbox"/> Charting
<input type="checkbox"/> Calculator	_____	<input type="checkbox"/> Medical Supply Knowledge	<input type="checkbox"/> Monitor
<input type="checkbox"/> Invoicing/inventory		<input type="checkbox"/> Customer Service	<input type="checkbox"/> Blood Draw
<input type="checkbox"/> Reception		<input type="checkbox"/> Disinfectants (cleaning agents)	<input type="checkbox"/> CPR
<input type="checkbox"/> Phone Switchboard		<input type="checkbox"/> Lifting Techniques	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Insurance Billing		<input type="checkbox"/> Inventory/Warehouse	_____
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Inventory	
_____		<input type="checkbox"/> Other: _____	

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT HISTORY Begin with your present or most recent employer. Additional employment history sheets available upon request.

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From _____ To _____	Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From _____ To _____	Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of firm	Position title	Supervisor's Name Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here,		
Dates employed (month/year) From _____ To _____	Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From _____ To _____	Reason for leaving	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Periods of	Date (month/year)	Date (month/year)	Date (month/year)	Date (month/year)
Unemployment	From _____ To _____	From _____ To _____	from _____ To _____	from _____ To _____

MILITARY SERVICE RECORD

Branch of military service	Date entered service	Date separated from active duty	Date of final discharge	Final rank
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Describe any job related training received in the United States military: _____

What is the minimum period of time that you plan to stay if employed at the Surgery Center? _____

What would your career goals be at the Surgery Center? _____

State any additional information you feel may be helpful to us in considering your application for employment.

(A "Yes" answer to this question will not necessarily bar the applicant from employment)

Have you, within the last ten years, been convicted of a criminal offense? YES NO

If yes, please explain. _____

I certify that the information set forth in this employment application is true and complete to the best of my knowledge. I understand that if employed, the falsification or willful omission of information on this application, shall be considered sufficient cause for my dismissal. I understand that my employment related shall be contingent upon proof of identity and verification of eligibility for employment in the United States and in accordance with the *Immigration Reform and Control Act of 1986*. I further understand that my employment is contingent upon satisfactory references and successful completion of an employment drug screen. I consent to and authorize the Surgery Center to request any information concerning my

previous employment record as indicated on this application for employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job information. Regardless of personal preferences, I must be willing to be flexible in shift assignments should the needs of the Surgery Center requires doing so.

X _____
Signature of Applicant Date

Thank you for your interest in the Tower Clock Surgery Center. Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualifications. Your application will be reviewed for all positions for which you are qualified. Only those applicants selected for an interview will be notified.

FOR PERSONNEL OFFICE USE ONLY

JOB PERFORMANCE ABILITY

Given your knowledge, skills, education and experience, are you able to perform all of the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the job description? Yes No
Position _____ Date _____
Signature _____

- References Checked: Spoke with _____
- Eligible for rehire yes no
- Application entered into computer
- If rehire, file pulled
- References checked. If not, why? _____
- Shift worked _____ Hours per week _____
- Full time Part-Time On call
- Shift agreement needed 8 10 Other _____
- License, Registration, Certification, Health Card, Diploma, Etc.
- Granting pay for experience
- Temporary position agreement
- Laser eye exam.

Interviewed for position _____
Date notified position filled _____

- Immigration law explained
- Salary and benefits explained
- Orientation schedule
- Drug screen arranged Date/Time _____
- Replacement position New Position Temporary

per Diem immediately - if so, at what percent _____
Comments _____

Personnel Representative Initials _____ Date _____

