



Application For Employment

Important – Various federal and state laws prohibit discrimination on the basis of age, sex, race, color, religious creed, national origin, marital status, or ancestry. In completing the application form, please exclude any information the character of which indicates the age, race, color, religious creed, national origin, or ancestry of the applicant. Persons employed may be required to provide verification of information reported on this form.

(PLEASE PRINT)

POSITION APPLYING FOR: _____ SOCIAL SECURITY # _____

Name _____
Last First Middle

Address _____
Street City State/Zip Code

Phone No. _____ Are you 18 years of age or older? Yes No

Are you either a US Citizen or an Alien legally authorized to work in the United States? Yes No

Have you been convicted, or been on probation, or received deferred adjudication for any offense? Yes No

Are you presently charged with any violation of the law? Yes No

(Answering yes to any of the above will not necessarily disqualify an applicant from employment)

If you answered Yes to any of the above, please explain: _____

Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal Health Care Programs (i.e. Medicare/Medicaid)? (You would have received official notice of this action) Yes No

DATE YOU CAN START _____ SALARY DESIRED _____

Are you available to work: Full Time Part Time PRN/Flex Temporary

What shifts / hours do you desire? Days _____ Nights _____ Weekends _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you related to anyone on Staff? Yes No

If yes, Name: _____ Relationship: _____

Are you able to perform the essential functions of the position for which you are applying? Yes No
A position description that includes a description of the essential functions of the job is available in the Human Resources Office and can be reviewed upon request.

Education

Education	Name of School and location	Course of Study	No. of years attended	Diploma/Degree
High School				
College, Vocational Schools, Technical Institutes, Military Training				
Trade, Business or Correspondence School				

Employment Experience

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB RELATED MILITARY SERVICE ASSIGNMENTS or VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS THAT INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES, OR OTHER PROTECTED STATUS.

Please complete work history even if you have attached a resume. If you need additional space, please continue on a separate sheet of paper.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)		Hourly Rate/Salary	
		Starting	Final
Job Title	Supervisor		
Reason for Leaving			

Please check the skills you currently possess

Calculator Typewriter Word Excel MS Access Fax Power Point HMS

Other (list) _____

List all Certifications and Licensures

License Type	Organization or State Issued	Date Issued	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What Foreign Languages do you speak fluently? _____ Read _____ Write _____

How were you referred to Surgery Specialty Hospitals of America?

Walk-in _____ Advertisement _____ Employee Referral _____ Other _____
(where?) (name of employee) (please specify)

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, and training on this application.

I voluntarily give Surgery Specialty Hospitals of America the right to thoroughly investigate my work, educational, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by Surgery Specialty Hospitals of America I agree to abide by its rules and regulations. I understand that discovery of misrepresented or omissions of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or manager.

I also understand that my employment may be subject to successful completion of an employment physical to include a drug screen.

I understand that my employment will require certain physical capabilities relating to the ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I further understand that my continued employment may be conditional upon maintaining a favorable health evaluation. If requested, I agree to submit, at any time, to a drug screen in accordance with company policy and/or a physical examination, performed by a qualified medical doctor of Surgery Specialty Hospitals of America's choice and for which such examination shall be paid for by Surgery Specialty Hospitals of America. I also agree that all information concerning said physical examination can be supplied to Surgery Specialty Hospitals of America or an authorized agency of this hospital, upon their request.

I further understand that this is an application for employment and that no employment contract is being offered; and I understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time and for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

In making application for employment, I understand that an investigative report may be made to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Date _____ Signature _____