

Fountain Point Surgery Center

APPLICATION FOR EMPLOYMENT

IT IS THE POLICY OF FOUNTAIN POINT SURGERY CENTER TO ENSURE AND PROMOTE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL PERSONS EMPLOYED OR SEEKING EMPLOYMENT WITH THIS COMPANY WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, GENETIC INFORMATION OR DISABILITY.

Positions(s) desired: 1) _____ 2) _____ 3) _____

Last Name: _____ First Name: _____ MI: _____

Other names under which you have worked: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Phone: (_____) _____ Phone: (_____) _____ Best time to call: _____

Home/Message _____ Alternate Number _____

Email: _____ Do you have unrestricted authorization to work in the U.S. Yes No

If no, please explain: _____

If hired, you will be required to provide proof of eligibility

EMPLOYMENT INTERESTS

Date Available for Employment: _____ Type of Position Preferred: _____ Full Time _____ PRN _____ Temporary

Shift Preferred: (indicate 1st, 2nd, 3rd) _____ Days _____ Evenings _____ Nights _____ 8 hour shifts _____ 12 hour shifts

Hours per week desired: _____ Are you available for weekend work? Yes No

Have you previously been employed by the company: Yes No If yes, please complete the following:

Dates: From _____ to _____ Position: _____

Location: _____

Reason for leaving: _____

Name while employed if different from current name: _____

CRIMINAL HISTORY

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any offense other than a minor traffic violation? Yes No

If yes, please explain fully: _____

Are you charged with an unresolved criminal charge: (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?) Yes No

If yes, please explain fully: _____

Have you ever been discharged (terminated, laid-off, etc) from a job? Yes No

If yes, please explain fully: _____

Note: Answering yes to these questions does not automatically disqualify you for employment. The nature and date and the type of job for which you are applying will be considered.

EDUCATION

Circle year of highest level of education completed:

Elementary

4 5 6 7 8

High School

9 10 11 12

College

1 2 3 4 4 +

Please complete the following for those schools/programs you attended which awarded you a degree, licensure, or certification, or made you eligible for such or any schools/programs you are currently attending:

School Name

City

State

Degree/Certification Issued

LICENSURE/REGISTRATION

Please list any professional licenses, certifications or registrations which have been issued to you:

<u>Name of license/certification/registration</u>	<u>Number</u>	<u>Year Issued</u>	<u>Current</u>	<u>Expiration Date</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Has your license(s), certification(s) or registration(s) ever been subject to disciplinary action (suspension or revocation)?

Yes No If yes, please explain fully: _____

Are you under any investigation which could result in disciplinary action with respect to your license(s), certification(s) or registration(s)?

Yes No If yes, please explain fully: _____

JOB RELATED SKILLS

_____ Typing Speed: _____ _____ Transcription from dictating equipment _____ Medical Terminology

Software Skill Level N = Novice P = Proficient E = Expert

Microsoft Word	N	P	E	Microsoft Access	N	P	E
Microsoft Excel	N	P	E	Microsoft Outlook	N	P	E
Microsoft PowerPoint	N	P	E				

Other: _____

Please list any other job related skills that apply to the position(s) for which you are applying:

Are you able to perform the essential functions of the job for which you are applying (with or without Reasonable Accommodation)?

Yes No If there is an accommodation which would allow you to perform the functions of the job, please describe how you would perform those functions with and without that accommodation: _____

REFERRAL SOURCE

To assist us with our recruitment efforts, we track the source of our applicants. Certain types of referral sources are not given preference over others. Please indicate which referral source most influenced your decision to apply for employment with us.

Please select only one:

Newspaper Journal Ad Career Directory Internet Site Website Reputation of Company

School Recruitment Job Fair/Convention

Current company employee - Employee's Name: _____

List any relatives currently employed by the company: _____

EMPLOYMENT HISTORY

Starting with your current or most recent position, please list previous employment, including self-employment and military service. Do not omit work experience because it may be unrelated to the job for which you are applying. **Resumes are welcome but are not a substitute for this section.**

Company Name _____ Full Time Part Time PRN

Dates: (Month and Year) ____/____/____ to ____/____/____ Starting Salary: _____ Ending Salary: _____

Address: _____ City, State, Zip: _____

Phone: (____) _____ Supervisor: _____

Your Position: _____ Work Performed: _____

Reason for Leaving: _____

Company Name _____ Full Time Part Time PRN

Dates: (Month and Year) ____/____/____ to ____/____/____ Starting Salary: _____ Ending Salary: _____

Address: _____ City, State, Zip: _____

Phone: (____) _____ Supervisor: _____

Your Position: _____ Work Performed: _____

Reason for Leaving: _____

Company Name _____ Full Time Part Time PRN

Dates: (Month and Year) ____/____/____ to ____/____/____ Starting Salary: _____ Ending Salary: _____

Address: _____ City, State, Zip: _____

Phone: (____) _____ Supervisor: _____

Your Position: _____ Work Performed: _____

Reason for Leaving: _____

PROFESSIONAL REFERENCES

Please provide the requested contact information for four career references:

1. Name _____ Position _____ Phone _____

Company Name _____ City/State _____

2. Name _____ Position _____ Phone _____

Company Name _____ City/State _____

3. Name _____ Position _____ Phone _____

Company Name _____ City/State _____

4. Name _____ Position _____ Phone _____

Company Name _____ City/State _____

ATTESTATION

I state that the information contained on this application is true and correct. I understand that omission, misrepresentation, or falsification of information is grounds for withdrawal of any job offer, or for immediate discharge. I understand that employment is contingent upon receipt of satisfactory references, post job offer Drug and Alcohol Testing, education and licensure verification and proof of identity and authorization to work in the Unites States.

I UNDERSTAND THAT MY EMPLOYMENT IS AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR ME. I UNDERSTAND THAT THIS APPLICATION IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT AND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH THE COMPANY.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO URINE TESTING PRIOR TO EMPLOYMENT, AND RANDOM AND AS-NEEDED TESTING THEREAFTER IN ORDER TO MAINTAIN A DRUG FREE WORKFORCE AND WORKPLACE. I ALSO UNDERSTAND THAT SHOULD MY DRUG/ALCOHOL TEST COME BACK POSITIVE, I CANNOT REAPPLY TO WORK FOR FOUNTAIN POINT SURGERY CENTER FOR A MINIMUM OF SIX MONTHS.

I have made application for employment at the company and authorize my current and former employers and schools to release to the company all information in accordance with your organizational policy. In consideration thereof, I also release you, my former (or current) employer, schools and your agents, from any and all liability, claim, damage or cause of action which may arise directly or indirectly from or out of compliance with, this request.

Signature: _____

Date: _____

As part of the Company's review of your application, the Company may view and/or access publicly available information about you, including information publicly available on the internet, that is job-related and consistent with the merit system principles and prohibited personnel practices set forth in the Civil Service Reform Act, 5 U.S.C. 2301, 2302. No information from any source may be used to discriminate for or against an

applicant based on race, color, national origin, gender, age, political affiliation, religion, disability, marital status, sexual orientation, gender identity, status as a parent, genetic information, membership or non-membership in an employee organization.