

EMPLOYMENT APPLICATION

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| **Today’s Date** | **Position Applying For?** | **Location Of Position You Are Applying For?** | **New Applicant □** |
| **Transfer □** |
| **Last Name** | **First Name** | **Middle Name** |
| **Mailing Address** | **City** | **Social Security Number** |
| **State** | **Zip** | **Home Telephone No.** | **Cell Phone No.** | **E-Mail Address** |
| **Check all that you may be interested in:□ Full-Time □ Part-time □ PRN □Temp./Contract** | **Minimum Salary Desired?****$** |
| **Date Available:** | **Are you available to work: □ Holidays □ Weekdays □ Weekends □ Nights □ AM Shift □ PM Shift** |
| **Do you have a valid Driver’s License?** | **State:** |  |
| **Are any of your educational or employment records found under a different last name? If yes, please provide the last name.** |
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| **Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine in excess of $500 □ Yes □ No : If yes, please explain.** |
| **After employment, can you submit verification of your legal right to work permanently in the United States? □ Yes □ No** |

**EDUCATION & TRAINING**

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| **Education Level** | **Print School Name, City/State** | **Degree/Major/ Course of Study** | **Did You Graduate** |
| **High School** |  |  | **Yes** | **No** |
| **College** |  |  | **Yes** | **No** |
| **Graduate School** |  |  | **Yes** | **No** |
| **Trade School** |  |  | **Yes** | **No** |
| **RELATED LICENSES (provide current original)** |
| **Professional License Issued By** | **Field/Trade Specialization** | **License Number** | **Issue Date** | **Expiration Date** |
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| **Proficient in the following software:** |
| **List any languages that you fluently speak: Read/Write:** |
| **Military Experience? □Yes** | No | **If yes, what branch?** | **Rank at separation?** |
| **List any office, clinical, and/or surgical equipment you are qualified and experienced in operating:** |

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| **EMPLOYMENT HISTORY** |
| **May we contact your present employer? Yes □ No □** |
| **Have you ever been discharged from an employer? Yes □ No □ If Yes, Please Explain:** |
| **List previous employers work experience beginning with the present or most recent employer.** |
| **(1)Name of Employer** | **Type of Business** | **Address** | **City** | **State** | **Zip Code** |
| **Dates Employed (From-To)** | **Job Title** | **Supervisor Name** | **Contact Number** | **Was Your Employment:** □ **Fulltime**Part Time □ PRN □ Temp/Contract |
| **Brief Description of Duties:** | **Reason For Leaving?** | **Last Salary: $**□**Per Hour** □**Annual** |
|  |
| **(2)Name of Employer** | **Type of Business** | **Address** | **City** | **State** | **Zip Code** |
| **Dates Employed (From-To)** | **Job Title** | **Supervisor Name** | **Contact Number** | **Was your Employment:** □ **Fulltime*** **Part Time □ PRN □Temp/Contract**
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| **Brief Description of Duties:** | **Reason For Leaving?** | **Last Salary: $*** **Per Hour** □**Annual**
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| **(3) Name of Employer** | **Type of Business** | **Address** | **City** | **State** | **Zip Code** |
| **Dates Employed (From-To)** | **Job Title** | **Supervisor Name** | **Contact Number** | **Was your Employment:** □ **Fulltime*** **Part Time** □ **PRN** □**Temp/Contract**
 |
| **Brief Description of Duties:** | **Reason For Leaving?** | **Last Salary: $**□**Per Hour** □**Annual** |
| **Are you 18 years old or older? □ Yes □ No** |
| **Can you perform the essential functions of the job, with or without reasonable accommodation? □Yes □ No** |

**CONDITIONS OF EMPLOYMENT STATEMENT**

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| Under penalties of perjury, I declare that my answers to the questions on this application and supplements are true and give Surgeons Practice Solutions, the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to Surgeons Practice Solutions, by schools and other education institutions that I have attended.I understand that the completion of this application does not assure me of a position with Surgeons Practice Solutions, and does not obligate Surgeons Practice Solutions to me in any way. **I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal**. Candidates selected for hire must successfully pass a background check. I am aware that the results will be made available to the Human Resources Department or a duly authorized representative. Surgeons Practice Solutions, is committed to a drug free work place and at times may conduct Random Drug Testing to protect the safety of workers and the public and will comply with the Federal Drug Free Work Place Act.Surgeons Practice Solutions, Inc., and its subsidiaries is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.I understand that this application and attachments become a part of the Surgeons Practice Solutions, records and will not be returned, reused or copied for me once submitted. |
| **By my signature, I certify, authorize and acknowledge the above statements.** |
| **Signature:** | **Date:** | (**Unsigned applications will not be considered)** |
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Latino

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| **APPLICANT EEO DATA FORM** |
| The information requested is optional and is being collected for the purposes of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. This information will be used to determine if our recruitment efforts are reaching all segments of the community, to meet federal EEO reporting requirements and to conduct background checks. |
| Last Name | First Name | Middle Initial |
| Social Security Number **(required)** | Date of Birth **(required)** | Month | Date | Year | * Female □ Male
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| Ethnic Origin | Race |
| Hispanicor □ | Non-Hispanicor □ | American Indian/ Alaskan Native □ | Native Hawaiian or other Pacific Islander □ |
| Asian □ | Black/ African American □ | White □ |
| Veteran □ Yes □ No Orphan of Veteran □ Yes □ No Spouse □ Yes □ No |
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| Please indicate how you learned about this job:**Media Job Posting Organizations Other** |
| * Local Newspaper
* Radio

Which station? * Television

Which station? * Internet/Web site Which one?
* Other:
 | * City job line
* Weekly job

announcement* Continuous

recruitment list* City bulletin board Where?
* Other:
 | * High school
* Vocational/Trade School Which one?
* College

Which one? * Minority referral source Which one?
* Other:
 | * Current

Employee* Former

Employee* Walk-in
* Job Fair
* Other:
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Non-Latino