

# Sugery Center of Kenai

## Application for Employment

Surgery Center of Kenai (ASC) considers all applications for employment without regards to race, color, religion, sex, gender identity, national origin, ancestry, citizenship, age, marital status, physical or mental disability, veteran status, medical condition, sexual orientation or any other legally protected status.

### Employment Desired:

Position applying for: \_\_\_\_\_ Wage Desired: \$ \_\_\_\_\_

Date application submitted: \_\_\_\_\_ Referred by: \_\_\_\_\_

How did you hear about the ASC?  Newspaper Ad  Walk-in  Employee  Relative

Employment Agency  Other \_\_\_\_\_

### Personal Information:

\_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

Permanent Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number :( \_\_\_\_\_ ) Cell Number: ( \_\_\_\_\_ )

#### Check box desired:

Regular Full Time Work (40+ hours/wk):  Regular Part Time Work (<40 hours/wk)

Per Diem

**If Part Time, Per Diem or Temporary, specify days and hours available to work:**

Are you willing and able to work overtime?  Yes  No

On what date would you be available to begin work? \_\_\_\_\_

Note: We comply with applicable laws regarding disabilities and consider reasonable accommodation measures that may be necessary for the known disabilities of qualified applicants/employees in order to perform the essential functions of the job. Hiring may be subject to passing a medical examination and skill and agility tests.

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Have you ever been convicted of a felony or serious misdemeanor?  Yes  No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Do you have the legal right to work and remain in the United States?  Yes  No

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the company will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization,

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and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Supervisor's Name/ Phone Number: \_\_\_\_\_

Have you ever initiated an act of workplace violence or been disciplined for violence in the workplace?

Yes  No If yes, explain the circumstances of the workplace violence?

Do you have a record of engaging in harassment at work?  Yes  No

If yes, describe circumstances and outcome, but do not divulge names of individuals involved.

## Education, Training, and Experience:

School	Name & Address	Number of years Completed	Did you Graduate?	Degree Earned
High School				
Company / University				
Vocational / Business / Trade				
Other (Please Specify)				

Describe any specialized training, apprenticeship, skills, and extra curricular activities related to the position for which you are applying

If you are applying for a professional position, are you licensed or certified for the job applied for?  Yes  No

Name of license/certification: \_\_\_\_\_

Issuing state: \_\_\_\_\_ License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state the reasons, date of revocation or suspension and the date of reinstatement:

## Additional Certifications:

CPR Expiration date: \_\_\_\_\_  ACLS Expiration date: \_\_\_\_\_  PALS Expiration date: \_\_\_\_\_

## Employment History:

List below all present and past employment starting with your most recent employer (last four positions are sufficient).

<b>Name of Employer:</b> _____
<b>Address:</b> _____
<b>Telephone #:</b> (____) _____ <b>Supervisor's Name/ Title:</b> _____
<b>Date of employment:</b> From: _____ To: _____
<b>Hourly / Monthly Wages:</b> Starting: _____ Ending: _____
<b>Reason for leaving:</b> _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____

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**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor's Name/ Title: \_\_\_\_\_  
Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly / Monthly Wages: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No If no, why not? \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor's Name/ Title: \_\_\_\_\_  
Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly / Monthly Wages: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No If no, why not? \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor's Name/ Title: \_\_\_\_\_  
Date of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Hourly / Monthly Wages: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference?  Yes  No If no, why not? \_\_\_\_\_

## Employment & Professional History:

State any additional information you feel may be helpful to us in considering your application (e.g., Why do you feel you are particularly suited for this position?): \_\_\_\_\_

Have you ever been terminated from any job for any reason?  Yes \*  No\*

Have you ever quit a job after being notified that you would be terminated?  Yes\*  No

Have you signed a confidentiality, trade secret or employment agreement with any prior employer?  Yes  No

\*If you answer to any of these questions is yes, please explain: (list name and address of employer and approximate date in each case) \_\_\_\_\_

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## References:

List below three persons who have first hand knowledge of your work performance within the last three years:

Name: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Known: \_\_\_\_\_ Relationship: \_\_\_\_\_

### PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents or oral representations used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby give Surgery Center of Kenai (ASC) or its agents the right to thoroughly check my references, work record, driving record (if applicable), education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to ASC any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release ASC, its agents, my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and ASC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice or cause, at the option of myself or ASC, and that no promises or representations contrary to the foregoing are binding on ASC unless made in writing and signed by me and the President of ASC.

\_\_\_\_\_ I understand that any offer of employment I may receive from ASC is contingent upon my successful completion of ASC's pre-employment screening process. This process includes receiving satisfactory references and verification and suitability of information provided on this Employment Application form and may also include a background check of criminal convictions, driving record and/or credit information. If such information is requested, I agree to sign a consent authorizing such release of information to the company or a consumer reporting agency hired by the company.

\_\_\_\_\_ I understand that ASC policy prohibits an employee under the influence of intoxicants or controlled substance from working and that testing may be required if an employee is reasonably suspected to be under the influence, or who is involved in or who contributed to an accident involving injury or harm to individuals, property or equipment.

\_\_\_\_\_ This application is current for only 6 months. At the conclusion of this time, if I have not heard from ASC and still wish to be considered for employment, it will be necessary to fill out a new application.

Applicant's Signature: \_\_\_\_\_