

SURGERY CENTER OF ATHENS, LLC EMPLOYMENT APPLICATION

: *This organization does not discriminate on the basis of race, color, religious creed, nationality, sex, age, or disability.*

Please answer all questions completely. The information you supply will be fully verified. Avoid misstatements which could jeopardize consideration for employment.

DATE OF APPLICATION		TYPE OF WORK OR POSITION DESIRED		POSITION	
HOURLY SALARY DESIRED		TYPE OF EMPLOYMENT FULL-TIME PART-TIME TEMPORARY		HOW DID YOU HEAR ABOUT THIS JOB?	
P E R S O N A L E D U C A T I O N	LAST		FIRST		MIDDLE
	ADDRESS: STREET • CITY STATE				.ZIP
	TELEPHONE NO.				SOCIAL SECURITY NO.
HAVE YOU APPLIED HERE BEFORE? YES NO		IF YES, WHEN?	ARE YOU A U.S. CITIZEN? LEGALLY ALLOWED TO WORK? YES NO		REGISTRATION NO.
M A J O R S T U D I E S	TYPE	NAME OF SCHOOL		CITY & STATE	
				ATTENDED FROM TO	
	DEGREE ATTAINED				
	HIGH SCHOOL				
	COLLEGE				
	NURSING SCHOOL				
GRADUATE WORK					
OTHER					
MAJOR STUDIES:			MINOR STUDIES:		
OTHER SKILLS ACQUIRED OR ADDITIONAL EDUCATION PERTINENT TO APPLICATION (BUSINESS MACHINES TRNG. ETC.) INCLUDE PROFESSIONAL CERTIFICATIONS.					
IF YOU ARE AN R.N. OR OTHER PROFESSIONAL REQUIRING LICENSING, ARE YOU CURRENTLY LICENSED? YES NO			LICENSE NO. STATE		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR VIOLATION		YES	NO	EXPLAIN:	
HAVE YOU SERVED IN ANY BRANCH OF THE U.S. MILITARY?		yes	no	BRANCH:	DATE ENTERED DATE DISCHARGED
PERTINENT MILITARY EXPERIENCE OR TRNG.					

CHECK ALL THAT APPLY: CPR ACLS PALS NALS OTHER MICROSOFT WORD EXCEL QUICKBOOKS/PEACHTREE/OTHER OTHER

LIST _____
OTHER CERTIFICATIONS/LICENSE/SKILLS: _____, _____

List all employment for the past 10 years, or since leaving school, starting with your most recent position. All time must be accounted for including U.S. Military Service. If you were unemployed for any period, state the nature of your activities as your work experience is an important factor in finding a position for which you are suited/qualified. Complete carefully.

PRESENT EMPLOYER MAY BE CONTACTED? YES _____ NO _____

EMPLOYER NAME	ADDRESS	POSITION / SALARY	EMPLOYED FROM/TO:	DESCRIBE DUTIES

Comments:

List three (3) people other than relatives who have known you more than 1 year whom we may contact:

NAME	RELATIONSHIP/ HOW KNOWN	TELEPHONE #	MAILING ADDRESS

I understand that I may attach a copy of my resume as a reference; however, it is necessary to complete the application in full and submit it with my resume.

1. I certify by my signature that the information I have provided on this application is true and complete. I understand that any concealment or misrepresentation may jeopardize consideration for employment or be considered cause for termination of employment. I authorize inquiry into the statements made in this application as may be necessary in reaching an employment decision.
2. I also certify that I may be required to work at other than my regular assignment and hours, including but not limited to overtime, as the needs of the organization require, and that my continued employment is subject to complying with those other rules, regulations, and conditions as established by management.
3. I also certify that if I am employed, I will give at least 14 days written notice before terminating my employment. Failure to give such notice waives any and all benefits I accrued other than pay for time worked as allowed by applicable employment law.
4. I understand that for the organization and its personnel to make a knowledgeable decision as to my being hired, they must check with my prior employers. I consent to and authorize the organization and its personnel to ask any and all of the references I note above, in any manner they choose, for information concerning me whether good or bad, and I know that a complete, true answer is essential to my being hired.
5. I understand that I will be required to abide by the Policies and Procedures of the organization including but not limited to personnel policies and procedures and job description that may be revised at any time by management with or without notice.
6. I understand that my employment will be 'employment at will', which means that an employee may resign at any time and/or the employer may discharge the employee at any time, with or without cause. I also understand that no one representing the organization may change this employment status unless it is in writing and signed by the *Administrator*.
7. I understand that I may be required to pass a physical examination, including a drug test and background check, before a final offer of employment is made. Random drug testing may also be required at any time throughout my employment. By signing below, I consent to these procedures.
8. I understand in making application for employment, an investigative report may be made by a consumer reporting agency and/or law enforcement agency that may include but not be limited to information as to my character, general reputation, personal characteristics, criminal records and mode of living, whichever may be applicable. If such an investigative report is made, I will receive notice that a report has been requested. I have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.
9. I understand that my application will remain on file for a period of sixty (60) days. After that time period, it will be necessary to complete a new application for employment consideration with the organization.
10. I therefore RELEASE all parties and persons connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing the information and subsequent investigation of such information.

DATE

APPLICANT SIGNATURE

Date Application Received: _____

By: _____
Center Representative Name and Title