



Summarize other information you believe pertinent to your application (Include other skills or certifications obtained such as CPR, CPT Coding, computer skills, software utilized, typing speed, vocational or business schools, paralegal certification, etc.):

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**EMPLOYMENT HISTORY** (List your four most recent employers or all employers in the last 7 years (whichever is less), including military experience, beginning with the current or most recent position.) *All Questions must be completed. It is not acceptable to answer "See Resume".*

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Employer:	Phone:	Dates of Employment (Mo/Yr) From: _____ To: _____
Street Address:	Job Title:	
City, State, Zip:	Supervisor's Name:	
Job Duties:	Supervisor's Title:	
If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No

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If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:
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If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Employer:	Phone:	Dates of Employment (Mo/Yr) From: _____ To: _____
Street Address:	Job Title:	
City, State, Zip:	Supervisor's Name:	
Job Duties:	Supervisor's Title:	
If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No

**GENERAL INFORMATION:** *All Questions must be completed. It is not acceptable to answer "See Resume".*

Have you ever been convicted of a felony other than minor traffic violations? (A yes answer does not automatically disqualify you from employment, but will only be considered in relation to the specific job requirements.)

Yes  No

*Direct care staff members of the facility shall not have a prior conviction or have plead no contest (nolo contendere) within the last 10 years for child or adult abuse, neglect, exploitation, or mistreatment, or for sexual assault or assault with a deadly weapon.*

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your professional license in this state or any other state been suspended, limited, revoked or subjected to disciplinary action OR are there any restrictions or limits on your licenses or certifications?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from a job because of alleged negligence, neglect, or violation of employer's policy and procedures?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you under any obligation to a current or former employer, which may restrict your ability to accept employment with Surgery Center of Lakeland Hills Boulevard?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD:**

Have you served in the Armed Forces?  Yes  No If so, what branch? \_\_\_\_\_

Date of service: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** (Professional and personal -- not relatives)

NAME		ADDRESS	PHONE # DAY & NIGHT		# YRS	P/WR*
1.						
2.						
3.						

\*Personal or Work Related

List professional, trade, business, or civic activities and offices held. (You may exclude memberships, which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)

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Is there any additional information that you feel will help us determine the type of position you are able to undertake?

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I hereby certify that all questions on this application have been answered completely and correctly. Should the employer at any time discover that any of the statements made by me on this application, or on the resume I submitted to the Surgery Center of Lakeland Hills Boulevard, are false or incomplete as to any material information requested, such falsification will be grounds for immediate discharge. I agree that I will be bound by and will obey all rules and regulations of the company, which may be issued from time to time, including all safety rules. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I further acknowledge that no representative of the company has any authority to alter or vary any of the terms of any of the company's policies or to bind the company to any fixed term of employment except as specifically authorized by the President of the Company or his designee, and that any such agreement, to be enforceable, must be in writing and signed by the President, or his designee.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_