



Surgery Center of Volusia

3635 Clyde Morris Blvd., Suite 500
 Port Orange, FL 32129
 Phone: 386-760-8151
 Fax: 386-760-8185

EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

Surgery Center of Volusia does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, human immunodeficiency virus (HIV), sickle-cell trait, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services and activities. Equal access to programs, services and employment is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Human Resources Department.

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
STREET ADDRESS:		CITY:		STATE:	ZIP:
#1 TELEPHONE (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		#2 TELEPHONE (Check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Business		BEST TIME TO REACH YOU:	
EMAIL ADDRESS:				DATE OF APPLICATION:	
If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? <input type="checkbox"/> YES <input type="checkbox"/> NO		A record of criminal conviction will not necessarily be a bar to employment since the center will consider factors such as the nature and seriousness of the violation, evidence of rehabilitation and the position applied for in making any employment decision. Have you ever been convicted of a crime? <input type="checkbox"/> YES* <input type="checkbox"/> NO *If YES, please explain:			

How were you referred to the facility?
 Walk-in Advertisement (please specify): _____ School (please specify): _____
 Job Fair Government Agency Center / Company Website Internet Other (please specify): _____
 Current or Former Employee (please list name): _____

Please list any friends or family members who are current employees:
 Name: _____ Family Friend
 Name: _____ Family Friend
 Name: _____ Family Friend

AVAILABILITY

What type of employment do you prefer? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Which shift do you prefer? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	If hired, when could you start?
What type of employment will you accept? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	Which shift will you accept? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	Minimum Salary:
Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:	Have you entered into an agreement with any other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our center? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:	

EDUCATION

Starting with your most recent school attended, provide the following information:

Name of School	Address and City	Completed	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

EXPERIENCE

Have you ever worked for this center as:

An Employee? YES NO From _____ To _____

A Contractor? YES NO From _____ To _____

Name of Contractor / Agency: _____

Are you currently or have you ever been an employee of another center?

YES NO Center: _____

Dates of Employment From: _____ To _____

List your full employment experience, beginning with the most recent.

Employer				List all Job Duties:	
Supervisor / Title		Telephone #			
Address					
Position When Hired		Current or Last Position			
Dates of Employment From: _____ To _____	Starting Pay	Ending Pay	Type of Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary			

Employer				List all Job Duties:	
Supervisor / Title		Telephone #			
Address					
Position When Hired		Last Position			
Dates of Employment From: _____ To _____	Starting Pay	Ending Pay	Type of Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary			

Employer				List all Job Duties:	
Supervisor / Title		Telephone #			
Address					
Position When Hired		Last Position			
Dates of Employment From: _____ To _____	Starting Pay	Ending Pay	Type of Pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried		
Did you leave voluntarily? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary			

List any other experience from internships or volunteering that would assist you in performing the position for which you are applying:

LICENSES AND / OR CERTIFICATIONS (including Driver's License)

Type of License /Certification	Issuing State and / or Agency	Number	Expiration Date

Has your license, registration or certification ever been suspended, revoked or had a disciplinary action taken against it?

YES NO If yes, explain:

ADDITIONAL SKILLS & EXPERIENCE

Summarize any additional skills and experience not already listed, which may assist you in performing the position for which you are applying. Include all knowledge of computers and technology, as well as medical equipment proficiencies.

REFERENCES

Name	Relationship	# of Years Known	Phone
1. _____			
2. _____			
3. _____			

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by Surgery Center of Volusia and if the center discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical evaluation which may include testing for illegal drugs or alcohol, prior to beginning work with the facility. I understand that if I am employed by the facility, I may be required, when job related and consistent with the center's business needs, to undergo a medical examination or testing for illegal drugs and alcohol.

I understand that this application will be considered active for one (1) year from the date listed below. If I wish to be considered for a job with the center after this period of time, I must complete a new application.

I understand that neither this document nor any offer of employment from Surgery Center of Volusia constitutes an employment contract unless a specific document to that effect is executed and signed by the representative of Surgery Center of Volusia and the employee in writing. I understand and agree that, if hired, my employment will be for no definite period of time and may be terminated at any time without notice and with or without reason, by myself or Surgery Center of Volusia.

If hired, I agree to abide by all the center's rules and regulations.

I authorize investigation of all statements contained in this application and supporting documents, including but not limited to resumes, licenses and certifications, which the center deems necessary to determine my qualifications for employment. I give Surgery Center of Volusia my permission to contact any former or current employer, school, credit bureau, personal or professional reference or any other appropriate source or individual for the purpose of gathering information. I further give my consent to any such source to release to the center or its agents whatever information requested. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing truthful information about me.

Signature of Applicant: _____ **Date:** _____



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Consent to Request Consumer Report & Investigative Consumer Report Information

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Applicant's First Name or Initial

Last Name

I understand that **AmSurg Corp.** ("COMPANY") will utilize the services of **Sterling InfoSystems Inc., 249 West 17th Street, New York, NY 10011, (800) 899-2272** to obtain a consumer report and/or investigative consumer report as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, to the extent permitted by law, COMPANY may obtain further information through subsequent, investigations by STERLING so as to update, renew or extend my employment.

I understand **Sterling InfoSystems Inc.** ("STERLING") investigation may include obtaining information regarding my credit background, bankruptcies, driving record, lawsuits, judgements, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

The consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my report, I will be provided with a copy of the report and another description in writing of my rights under the Federal Fair Credit Reporting Act and, as required by law, any related state summary of rights, and if I disagree with the accuracy of the purported disqualifying information in the report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of such information with **Sterling InfoSystems Inc.**

I hereby consent to this investigation and authorize COMPANY to procure a consumer report(s) and/or investigative consumer report on my background as stated above from a consumer reporting agency and/or investigative consumer reporting agency.

In order to verify my identity for the purposes of background identification. I am voluntarily releasing my date of birth, social security number and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may review and receive a copy of any investigative consumer report by contacting the consumer reporting agency. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

Signature

Today's Date

- Minnesota & Oklahoma Applicants Only:** I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by checking the box. STERLING will mail the consumer report directly to me. I wish to receive a copy of the consumer/investigative consumer report. (Check only if you wish to receive a copy).
- Maine Applicants Only:** By checking the box, I indicate that I wish to receive the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report.
- Washington State Applicants Only (AS APPLICABLE):** I further understand that COMPANY will not obtain information about my "credit worthiness, credit standing, or credit capacity" unless the information is required by law, or is substantially job related, and the reasons for using the information are disclosed to me in writing. (If this option is checked, complete the question below.

Reasons why COMPANY considers information about "credit worthiness, credit standing or credit capacity" as substantially job related.



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A M S U R G C

For Office Use Only - Group ID (optional)

For Office Use Only - Group ID (optional)

For Office Use Only - Location / Store # (Optional)

First Name (Please Fill In Above - Start Here)

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male Female

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt. #

yrs. at this address

City

State

Zip Code

Previous Address

Apt. #

yrs. at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

Today's Date (MMDDYYYY)

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Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. NW., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated, negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

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You may limit “prescreened” offers of credit and insurance you get based on information in you credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING

PLEASE CONTACT

Consumer reporting agencies, creditors and others not listed below.

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580 - 877-382-4357

National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name).

Office of Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 - 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks).

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 - 202-452-3693

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name).

Office of Thrift Supervision
Consumer Programs
Washington DC 20552 - 800-842-6929

Federal credit unions (words “Federal Credit Union” appear in institution’s name).

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 - 703-519-4600

State-chartered banks that are not members of the Federal Reserve System.

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20420 - 877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 - 202-366-1306

Activities subjected to the Packers and Stockyards Act, 1921.

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250 - 202-720-7051
