



**EMPLOYMENT APPLICATION**

An Equal Opportunity Employer -M/F/H/V

|  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| <b>APPLICANT INFORMATION</b>   |                              |                             |   |
| Last Name  | First                        | M.I.                        | Date  |
| Street Address   |                              | Apartment/Unit #            |   |
| City   | State                        | ZIP                         |   |
| Phone  | E-mail Address               |                             |   |
| Cell   | Maiden Name                  |                             |   |
| Date Available   | Social Security No.          | -                           | - Desired Salary  |
| Position Applied for   |                              |                             |   |
| Were you referred by a Center employee for this position? <input type="checkbox"/> No <input type="checkbox"/> Yes - Name:                                       |                              |                             |   |
| Do you prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> PRN (as needed) |                              |                             |   |
| What shift do you prefer: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights  |                              |                             |   |
| Do you have a Professional License/Certification YES <input type="checkbox"/> NO <input type="checkbox"/>  |                              | License Number:             | State: Exp:   |
| <input type="checkbox"/> Unrestricted <input type="checkbox"/> Other (Explain) :   |                              |                             |   |
| Please list any special skills/abilities that directly relate to the job you are applying for:   |                              |                             |   |
| Do you possess a valid, current driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration:   |                              |                             |   |
| Are you a citizen of the United States?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |
| Do you have any criminal charges pending?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

|                  |  |    |  |                   |                              |                             |        |
|------------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|
| <b>EDUCATION</b> |  |    |  |                   |                              |                             |        |
| High School      |  |    |  | Address           |                              |                             |        |
| From             |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College          |  |    |  | Address           |                              |                             |        |
| From             |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other            |  |    |  | Address           |                              |                             |        |
| From             |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

|   |              |
|---|--------------|
| <b>REFERENCES</b>   |              |
| <i>Please list three professional references, (not relatives)</i> |              |
| Full Name   | Relationship |
| Company   | Phone ( )    |
| Address   |              |
| Email Address   |              |



|               |  |              |  |
|---------------|--|--------------|--|
| Full Name     |  | Relationship |  |
| Company       |  | Phone ( )    |  |
| Address       |  |              |  |
| Email Address |  |              |  |
| Full Name     |  | Relationship |  |
| Company       |  | Phone ( )    |  |
| Address       |  |              |  |
| Email Address |  |              |  |

|   |                    |                    |  |
|---|--------------------|--------------------|--|
| <b>PREVIOUS EMPLOYMENT</b>  |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   | Supervisor         |                    |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   | Supervisor         |                    |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   | Supervisor         |                    |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

|                                  |                   |    |
|----------------------------------|-------------------|----|
| <b>MILITARY SERVICE</b>          |                   |    |
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |



**DISCLAIMER AND SIGNATURE**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal regardless of date of discovery. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing. I agree to abide by and conform to all rules, policies and procedures of the Dearborn Surgery Center.

|           |  |      |  |
|-----------|--|------|--|
| Signature |  | Date |  |
|-----------|--|------|--|

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any or all of the employers and/or schools that I've worked for and/or attended to furnish the Dearborn Surgery Center with any information they may have concerning me or my record. I hereby release employer/school individual from all liability in furnishing this information.

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_