



Ireland Grove Surgery Center Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Applicant Information

Name _____ Social Security # _____ - _____ - _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

Telephone #(____) _____ Mobile/Other Phone # (____) _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Type of employment desired: Full-Time Part-Time Seasonal Temporary

Referral Source:

- Walk-in _____ Employee _____ Advertisement _____
 Job Fair _____ Company's Website _____ Other _____

If necessary, what is the best time to contact you? _____:_____ AM/PM

Please indicate your preference to be contacted: Home # Mobile # E-mail

Have you ever been employed here before? Yes No

If YES, provide dates: From ____/____/____ To ____/____/____

Are you eligible for employment in the U.S.? Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay? \$ _____ Per _____

Are you available to work overtime if required? Yes No

If NO, please explain _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

If YES, please provide date(s) and details _____

Educational Background

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

School (include City & State)	Years Attended	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____ <input type="checkbox"/> Other _____		



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Employment History

Starting with your most recent employer, provide the following information.

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # (____) _____
Position _____ Dates Employed: From ____/____/____ To ____/____/____
Immediate supervisor and title (for most recent position held) _____ May we contact for reference?
_____ Yes No Later
Compensation (Starting) Hourly Salary \$ _____ Per _____
Compensation (Final) Hourly Salary \$ _____ Per _____
Please list job responsibilities or duties performed _____

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # (____) _____
Position _____ Dates Employed: From ____/____/____ To ____/____/____
Immediate supervisor and title _____ May we contact for reference?
_____ Yes No Later
Compensation (Starting) Hourly Salary \$ _____ Per _____
Compensation (Final) Hourly Salary \$ _____ Per _____
Please list job responsibilities or duties performed _____

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # (____) _____
Position _____ Dates Employed: From ____/____/____ To ____/____/____
Immediate supervisor and title _____ May we contact for reference?
_____ Yes No Later
Compensation (Starting) Hourly Salary \$ _____ Per _____
Compensation (Final) Hourly Salary \$ _____ Per _____
Please list job responsibilities or duties performed _____

Employer _____
Address _____ City _____ State _____ Zip _____
Telephone # (____) _____
Position _____ Dates Employed: From ____/____/____ To ____/____/____
Immediate supervisor and title _____ May we contact for reference?
_____ Yes No Later
Compensation (Starting) Hourly Salary \$ _____ Per _____
Compensation (Final) Hourly Salary \$ _____ Per _____
Please list job responsibilities or duties performed _____



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Employment History (continued)
Explain any gaps in your employment, other than those due to personal illness, injury or disability _____ _____ _____
Have you ever been fired or asked to resign from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain _____ _____ _____

Skills and Qualifications
Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. _____ _____ _____
Computer Skills (Check appropriate boxes. Include software titles and years of experience.) <input type="checkbox"/> Word Processing _____ <input type="checkbox"/> Years _____ <input type="checkbox"/> Internet _____ <input type="checkbox"/> Years _____ <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> Years _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Years _____ <input type="checkbox"/> Presentation _____ <input type="checkbox"/> Years _____ <input type="checkbox"/> E-mail

References List names and telephone numbers of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.
Name _____ Title _____ Relationship _____ Telephone # (____) _____ Number of years known _____
Name _____ Title _____ Relationship _____ Telephone # (____) _____ Number of years known _____
Name _____ Title _____ Relationship _____ Telephone # (____) _____ Number of years known _____

Related Information List any job-related organizations (professional, trade, etc.) you belong to.	
Organizations	Offices Held



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List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status. _____

In your current or prior job, have you ever written instructions or directions to be followed by employees or customers? Yes No Not applicable

If YES, please explain _____

Is there any other job-related information you want us to know about you? _____



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Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any bases prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. Understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

I also hereby authorize Ireland Grove Surgery Center obtain a consumer credit report to verify my credit worthiness prior to employment and to utilize that report in evaluating me for employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____