

CBC Surgery Center

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

 Last First Middle

Address:

 Street (Apt) City/State Zip

Contact Information: (____) _____ (____) _____
 Home Telephone Mobile Telephone Email

How did you learn about our company? _____

Do you have any relatives/friends employed here? No Yes – who? _____

POSITION SOUGHT: _____
 PRN PT FT Temporary

Available Start Date: _____

Desired Pay Range: _____
 Hourly or Salary?

Are you currently employed? _____

Days/hours available to work (circle all that apply): Days, Evenings, Midnights, Saturdays Other: _____

EDUCATION

	Name & Location	Graduate? (Degree)	Major/Subjects of Study
High School			
Trade School			
College/University			

Professional Licensure(s) or Registration(s)

Type	Current in Indiana?	Eligible in Indiana?	EVER suspended, revoked, or on probation?

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Name: _____

Have you ever been convicted of, or plead guilty to, a crime? NO YES – please explain:

PREVIOUS EXPERIENCE (Please list beginning from most recent)

Date (month/year)	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

In Case of Emergency, notify: Name _____ Phone(____) _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE _____ DATE _____

In considering your application for employment, the facility may conduct a detailed and thorough investigation which may include, but is not limited to, a criminal record check, interviews or inquiries of prior employers, co-workers, acquaintances, relatives or friends.

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Professional References

Please list at least **3 PROFESSIONAL** references. Professional references may be **current** or **former supervisors** or **coworkers**.

Reference Name: _____

His/her job title: _____

Worked together at: _____

Contact number: _____

Reference Name: _____

His/her job title: _____

Worked together at: _____

Contact number: _____

Reference Name: _____

His/her job title: _____

Worked together at: _____

Contact number: _____

Reference Name: _____

His/her job title: _____

Worked together at: _____

Contact number: _____