

THE SURGERY CENTER OF HUNTSVILLE

Application for Employment

In compliance with applicable laws, The Surgery Center of Huntsville does not discriminate on the basis of race, religion, sex, age, color, national origin, marital status, veteran status, or disability.

Instructions: Please print. Answer all questions. If a question does not apply to you, answer with "no" or "not applicable" (NA). **DO NOT** substitute a résumé for the information requested. A résumé may be submitted to give more detail to the responses to requested information.

Position applying for: _____

Who referred you to The Surgery Center of Huntsville? _____

Status Preference Full Time Part Time Pool

Date you would be available if offered employment: _____

General Information

Last Name First MI Social Security Number

Present Address City State Zip How Long?

Previous Address City State Zip How Long?

Telephone Numbers and Area Codes (indicate primary number)

Home: _____ Cell: _____ Work: _____

Check one to indicate citizenship status

Legal Citizen Resident Alien Student Visa Visitor Visa

Visa number and expiration date if applicable: _____

Have you ever served in the U.S. Armed forces? Yes No

If yes, what branch? _____ Length of Service From: _____ To: _____

Have you ever been convicted of a felony? Yes No

If yes, provide details including offense, date, and jurisdiction: _____

Have you ever been terminated or asked to resign from a position? Yes No

If yes, name of employer and date: _____

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Employment History

Cover all current and past employment including jobs held while in school or military. Start with your present or last position and list backwards in chronological order. Please answer all questions and explain all periods of unemployment. **DO NOT** substitute a résumé for the requested information. A résumé may be submitted to supplement responses.

Name and location of employer	Dates employed: From M/Y	Reason(s) for leaving	Position(s) held	Starting Salary
	To M/Y			Leaving Salary
	Circle One: PT/FT			
Name, title, and phone number of supervisor		May we contact?	Briefly describe your duties and responsibilities	
Name and location of employer	Dates employed: From M/Y	Reason(s) for leaving	Position(s) held	Starting Salary
	To M/Y			Leaving Salary
	Circle One: PT/FT			
Name, title, and phone number of supervisor		May we contact?	Briefly describe your duties and responsibilities	
Name and location of employer	Dates employed: From M/Y	Reason(s) for leaving	Position(s) held	Starting Salary
	To M/Y			Leaving Salary
	Circle One: PT/FT			
Name, title, and phone number of supervisor		May we contact?	Briefly describe your duties and responsibilities	
Name and location of employer	Dates employed: From M/Y	Reason(s) for leaving	Position(s) held	Starting Salary
	To M/Y			Leaving Salary
	Circle One: PT/FT			
Name, title, and phone number of supervisor		May we contact?	Briefly describe your duties and responsibilities	

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Professional Licensure: List both current and inactive licenses and registrations.
Type State Date Issued Expiration Date Status

Have you ever received sanctions or had limitations placed on any of your professional licenses or registrations?

Yes No

If yes, please explain: _____

Education

Educational Level	Name and location of institution	Highest grade/year completed	Grade Average	Did you graduate?	Degree and Major	Dates Attended
High School	_____	_____	_____	_____	_____	N/A
College	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____
Graduate	_____	_____	_____	_____	_____	_____
School	_____	_____	_____	_____	_____	_____
Other Institutions attended	_____	_____	_____	_____	_____	_____

List any other training and education:

Academic honors, awards, extracurricular activities:

Current or past memberships in civic, professional, or other organizations of which you would like us to be aware:

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Applicant's Statement

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize The Surgery Center of Huntsville or its agents to conduct a background investigation for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment. I authorize any individuals or entities contacted during this investigation to give you any and all relevant information they may have, personal or otherwise, and release all parties from any and all liabilities, claims, or lawsuits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of The Surgery Center of Huntsville and to support the company's commitment to operate in compliance with all applicable laws. I understand that all employees are subject to the rules and testing components of The Surgery Center of Huntsville Drug and Alcohol policy and that employment with The Surgery Center of Huntsville is contingent upon compliance with this policy.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notification at any time, at the option of either the company or myself. I also understand that any period of employment is not for a specific duration and understand that with the exception of the Chief Executive Officer of The Surgery Center of Huntsville, no company representative has the authority to make any oral or written agreements which are contrary to the foregoing.

I certify that I have read, understand, and agree with the above.

Applicant's Signature: _____ Date: _____

THE SURGERY CENTER OF HUNTSVILLE
RELEASE STATEMENT CERTIFICATION

I hereby authorize The Surgery Center of Huntsville and/or its agents to make an independent investigation of my background for the purpose of confirming the information contained on my application and/or résumé or obtaining other information which may be pertinent to my qualifications for employment. This investigation may access records obtained by both private and public organizations.

Information requested may include, but is not limited to:

- | | |
|--------------------------------------|---|
| Professional and personal references | Professional credentials |
| Past and current employment | Public records |
| Criminal and police records | Education |
| Credit history (Consumer Reports) | Urine or blood tests to determine drug or alcohol use |
| Motor vehicle records | |

I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims, or lawsuits in regard to the information obtained.

I understand that complete and final results of The Surgery Center of Huntsville's background check may not be available to The Surgery Center of Huntsville prior to commencement of employment, if any, with the Company. I further understand that the results of the background investigation conducted by The Surgery Center of Huntsville may affect my employability or continuing employability.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION

Last Name: _____ First Name: _____ MI: _____

Other names you have used in the past 7 years (Maiden name, nickname, alias, etc.):

Present Address: _____

Previous Address: _____

Provide States & Cities where you have lived or worked during the past 7 years. Attach additional sheet if necessary.

Driver's License #: _____ State of License: _____ Date of Birth: _____

Social Security #: _____ Position Applying For: _____

Requested By: _____ Title: _____

Criminal Check Credit Check