

# IREDELL SURGICAL CENTER

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION (PLEASE PRINT PLAINLY)

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Years at This Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_  
Home Work Cell

Referred By: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now?  Yes  No  
 If So, May We Inquire of Your Present Employer?  Yes  No

Ever Applied to this Company Before?  Yes  No  
 When? \_\_\_\_\_

### EDUCATION

Type of School	Name and Address of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GENERAL INFORMATION

Subjects of Special Study or Research Work: \_\_\_\_\_

Job Related Skills (typing, insurance filing, venipuncture, other languages, etc.): \_\_\_\_\_

(Continued on next page)

**FORMER EMPLOYERS** (List below your last four employers, starting with the last one first)

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**PROFESSIONAL REFERENCES** (Medical references preferred if possible)

Name	Address	Position	Years Known
1			
2			
3			

**REGISTRATION / CERTIFICATION**

RN     LPN     Surgical Technician     Other  
 State \_\_\_\_\_ Certificate Number \_\_\_\_\_ Renewal Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 State \_\_\_\_\_ Certificate Number \_\_\_\_\_ Renewal Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 BCLS Certified  Yes  No    ACLS Certified  Yes  No    Other \_\_\_\_\_

Are there any prior or current substance abuse problems?  No  Yes  
 Have you ever been convicted of a felony?  No  Yes  
 If "Yes" please explain on a separate sheet and attach to this application

**AUTHORIZATION**

**If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

I certify that the facts contained in this application (and resume, if attached) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Iredell Surgical Center.

I understand that any employment is conditioned on a background check. I authorize the Iredell Surgical Center to thoroughly investigate all statements in my application and resume, and I authorize all current and former employers and references named in this application and/or resume to provide Iredell Surgical Center with any relevant information regarding an employment decision. I release all such persons and the Iredell Surgical Center from any liability regarding the provision of such information.

In consideration of such employment, I agree to conform to the rules, policies and procedures of the Iredell Surgical Center. I understand that my employment may be terminated at any time and for any reason at my option or at the Iredell Surgical Center's option, with or without cause and without prior notice. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Iredell Surgical Center unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work, and that my refusal to submit for such testing will eliminate me from further consideration for employment. I also agree to submit to these same tests at any time deemed appropriate by the Iredell Surgical Center and as permitted by law.

Date \_\_\_\_\_ Signature \_\_\_\_\_