

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE ... AN EQUAL OPPORTUNITY EMPLOYER

APEX Surgical Center is a non-smoking facility.

Please fax or email your cover letter, resume, and application. Fax: 315801-5061 E-Mail: info@apexsurgery.com

PERSONAL INFORMATION

LAST NAME		FIRST	MIDDLE	SOCIAL SECURITY #
PRESENT ADDRESS			CITY	STATE
PERMANENT ADDRESS			CITY	STATE
PHONE NUMBER	NAME/PHONE NUMBER TO CALL IN EMERGENCY		EMAIL ADDRESS	
FORMER NAMES	ARE YOU OVER THE AGE OF 18 <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT LANGUAGES DO YOU SPEAK FLUENTLY? <input type="checkbox"/> READ <input type="checkbox"/> WRITE		

EMPLOYMENT DESIRED

POSITION DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PRN <input type="checkbox"/> PART TIME	POSITION APPLIED FOR	DATE AVAILABLE	SALARY REQUIREMENTS
------------------	---	----------------------	----------------	---------------------

EDUCATION

LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS	GRADUATION AND DATE	MAJOR SUBJECT STUDIED/DEGREE
HIGH SCHOOL			Y N	
TRADE, VOCATIONAL SCHOOL			Y N	
COLLEGE			Y N	
OTHER			Y N	

PROFESSIONAL LICENSES and/or CERTIFICATIONS

TYPE/NUMBER	ORGANIZATION OR STATE ISSUED	DATE ISSUED	DATE EXPIRES

REFERENCES

(GIVE THE NAMES OF AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS/RELATIONSHIP	PHONE NO.

FORMER EMPLOYERS

If more space is needed, use attached page

(PLEASE LIST EMPLOYERS FOR THE LAST 7 YEARS STARTING WITH THE LAST ONE FIRST)

CURRENT OR LAST EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

ADDITIONAL INFORMATION:

MILITARY SERVICE		
HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATES	BRANCH AND RANK AT DISCHARGE
MILITARY SPECIALITY	ARE YOU PRESENTLY A MEMBER OF THE GUARD OR RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO	
SKILLS (PLEASE CHECK THE SKILLS YOU CURRENTLY POSSESS)		
<input type="checkbox"/> FILING	<input type="checkbox"/> ACCOUNTS PAYABLE	<input type="checkbox"/> INSURANCE BILLING
<input type="checkbox"/> TYPING (WPM _____)	<input type="checkbox"/> SPREAD SHEET	<input type="checkbox"/> ADMITTING
<input type="checkbox"/> TEN KEY BY TOUCH	<input type="checkbox"/> WORD PROCESSING	<input type="checkbox"/> MEDICAL TERMINOLOGY
<input type="checkbox"/> ACCOUNTS RECEIVABLE	<input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> DATA ENTRY
APPLICANT CERTIFICATION		
I certify that all information given on this application is true correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application.		
APPLICANT SIGNATURE	DATE	

Applicant Certification

1. Have you ever plead guilty to, been convicted of, or received probation, deferred adjudication or pre-trial diversion for any criminal offense other than minor traffic tickets? Yes No
If yes, provide information on criminal offense, date, location (city and state) and disposition.

2. Are you currently serving probation, deferred adjudication, or pre-trial diversion for any criminal offense?
 Yes No

3. Have you ever had a nursing license, or other professional license in any jurisdiction limited, suspended, revoked or partially relinquished? Yes No

4. Are you or have you ever been excluded from providing services under Medicaid/Medicare or any other federally funded program? Yes No

I certify that that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all my work experience and training on this application.

I voluntarily give APEX Surgical Center the right to thoroughly investigate my work, educational and background history. I voluntarily give my former educators or employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by APEX Surgical Center, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that my employment is subject to a successful completion of a pre-employment physical to include a drug screen.

I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I further understand that my continued employment may be conditioned upon maintaining a favorable health evaluation. If requested, I agree to submit, at any time, to a physical examination, performed by a qualified medical doctor of APEX Surgical Center's choice.

I further understand that this is an application for employment and that no employment contract is being offered: and I further understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time for any reason, and is subject to changes in wages, conditions, benefits and operating policies.

APPLICANT SIGNATURE:	Date:
----------------------	-------