



EMPLOYMENT APPLICATION

DIRECTIONS

- Type or print, using black ink or marker
- If you need additional space, attach a supplemental sheet
- Sign the completed application

GENERAL					
Name (Last)		(First)	(Middle)	Email	Date of Application
Present Address (Street, City, State, Zip Code)				Phone ()	Cell ()
Have You Previously Worked for ISC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment 1) 2)	Department	Position	Supervisor	
If Hired, Can You Provide Proof of Citizenship or Legal Right to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
POSITION					
Type of Position Applying For _____			Source of Referral _____	Job Posting No _____	
Date Available	Applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN		Specify Preferred Schedule/Days/Hours	Salary Expected \$	

Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your Resume, please be sure to provide that information in order to ensure your application materials will be considered.

EMPLOYMENT RECORD		List most recent employment first		
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Phone ()
Street address, city, state, zip code				Reason for leaving
Position Description				
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Phone ()
Street Address, city, state, zip code				Reason for leaving
Position Description				
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Street address, city, state, zip code				Reason for leaving
Position Description				

EMPLOYMENT RECORD <i>continued</i>				
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Phone ()
Street address, city, state, zip code				Reason for leaving
Position Description				

EDUCATION & TRAINING

College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			<u>City & State</u>
College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			<u>City & State</u>
High School Last Attended	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			<u>City & State</u>
Other	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>
	Yes	No			<u>City & State</u>

List skills such as supervisory experience, foreign languages, computer literacy, typing and data/word processing, or other skills & training you consider relevant to employment at ISC.

List achievements such as professional licenses, certifications, honors and awards that you consider relevant to employment at ISC. Please indicate the license/certification number, dates, and state of issuance.

List participation in Professional organizations, associations, and publications you consider significant.

REFERENCES

List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

Name/Title	Mailing Address	Phone

AUTHORIZATION

Application must be signed prior to submitting.

I certify that the information provided in this application, or on my resume if provided, is correct to the best of my knowledge. I understand that any misstatement or omission of the information may result in denial of employment or discharge.

_____ I consent to have Independent Surgery Center contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual, and given without malice.

_____ I understand that an employment offer is conditional on pre-employment screenings as required by Independent Surgery Center.

Date _____ **Signature** _____

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status, age, veteran status, marital status or ex-offender status).

Employment is contingent upon furnishing evidence of identity and employment eligibility. Additionally, employment consideration is conditional upon satisfactory results of pre-employment screenings, including but not limited to: Background check; Drug/Alcohol screening; PPD (TB) test; and/or Physical Exam.