



### Application for Employment

**Personal Information**

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
                    **Last**                                **First**                                **Middle**

**Address:** \_\_\_\_\_  
                    **Street**                                **City/State**                                **Zip**

**Contact Information:** (    )                      (    )  
                                **Home Phone**                    **Cell**                                **Email**

**How did you learn about our company?** \_\_\_\_\_

**Position for which you are applying** \_\_\_\_\_

**Desired Salary:** \_\_\_\_\_ **Total Years of experience:** \_\_\_\_\_

**Type of Position:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
                                **Full/ Part time/PRN**

**Education**

**Name**

**Graduate/Degree**

**Major**

<b><u>High School</u></b>			
<b><u>College or University</u></b>			
<b><u>Specialized Training</u></b>			
<b><u>Other Education</u></b>			

**Professional Credentials/Affiliations**

\_\_\_\_\_

\_\_\_\_\_

## PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

---

---

---

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

---

---

---

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

---

---

---

Dates Employed	Company Name	Location	Role/Title

**Job notes, tasks performed and reason for leaving:**

---

---

---

**Professional References:**

Name	Address	Occupation	Phone

Have you ever been convicted of a felony or misdemeanor? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you currently excluded from participation in any federally funded healthcare program including Medicare and Medicaid? No \_\_\_\_\_ Yes \_\_\_\_\_

**Please read the following:**

By signing below, I certify that the information I have provided on this application is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination. I also certify that I have read, understand and authorize any person, agency or other entity by Surgery Center of Decatur or its agents to furnish the information listed below.

I hereby authorize SCOD to conduct work history, education, personal reference or criminal records to determine my acceptability for employment. I authorize SCOD and its agents to procure a consumer report and/or investigate consumer report about my background, character or reputation, including but not limited to information as to my employment, education, consumer credit history, driving record, social security number verification, criminal report, and other public record history. I release from liability all persons, companies and government agencies disclosing such information. I further authorize a photocopy of this authorization to be considered an original.

I understand and agree that as a condition of employment, I will be required to submit to a physical exam and a drug screen.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_