

APPLICATION FOR EMPLOYMENT

LAKEVIEW SURGERY CENTER

Thank you for your interest in and application for employment with Lakeview Surgery Center. We are an equal opportunity employer and give employment and promotional consideration without regard to race, color, sex, religion, age, sexual orientation, gender identity, disability, disabled veterans, veterans of the Vietnam era, and any other protected class as required by state, local, or federal law. We seek applicants for employment who are dedicated, hardworking and seek fulfilling employment. In return Lakeview Surgery Center offers competitive income, benefits and an excellent working environment.

GENERAL INFORMATION: (Please print legibly with ink or type)

LAST NAME: FIRST NAME: MIDDLE INITIAL: SOCIAL SECURITY NUMBER:

HOME ADDRESS: (Street, P.O. Box, Apt. #) CITY, TOWN, STATE: ZIP CODE:

HOME PHONE NUMBER: (area code) EMAIL ADDRESS

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? (check) YES NO

HAVE YOU EVER BEEN CONVICTED OF A SERIOUS MISDEMEANOR OR FELONY CRIME? YES NO IF YES, WHAT AND WHERE? _____

EMPLOYMENT DESIRED:

POSITION FOR WHICH APPLICATION IS BEING MADE: (Be Specific) I AM AVAILABLE TO WORK (Check All Applicable)
 FULL TIME PARTIME TEMPORARY WEEKDAYS WEEKENDS
 MORNINGS AFTERNOONS EVENINGS NIGHTS

DATE AVAILABLE: EXPECTED COMPENSATION: ARE YOU AT LEAST 18 YEARS OLD? YES NO

EDUCATION: (High School, College, Trade Schools, and Other Education)

HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

SECOND HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

THIRD HIGHEST LEVEL OF EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

OTHER EDUCATION ATTAINED: MAJOR FIELD OF STUDY: LAST YEAR COMPLETED: DID YOU GRADUATE? YES NO
1 2 3 4

SCHOOL NAME: SCHOOL ADDRESS: (Street, P.O. Box) City or Town State Zip Code

EMPLOYMENT HISTORY: (List Most Recent First, Then Back. Include Any Military Service)

1. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

2. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

3. EMPLOYER NAME: _____ DATES OF EMPLOYMENT: _____ JOB TITLE: _____
FROM: _____ TO: _____

EMPLOYER ADDRESS: (Street, P.O. Box) _____ City, Town _____ State _____ Zip Code _____ PHONE NUMBER: _____

STARTING COMPENSATION: _____ ENDING COMPENSATION: _____ SUPERVISOR'S NAME: _____ REASON FOR LEAVING: _____

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Include Promotions And Advancements)

REFERENCES: (List Three Employment References (Persons) Not Related To You, Whom You Have Known For At Least One Year)

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, and other documents or verbally obtained during an employment interview. I voluntarily consent to allow Lakeview Surgery Center or any of its representatives or agents to check my references by contacting any persons, company or governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and that such verification may include criminal background checking, adult/child abuse registry submissions and other required screenings. I agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired, to comply with the guidelines of conduct and company policies and procedures of Lakeview Surgery Center, but realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or me with or without cause or previous notice. I understand that employment may be subject to satisfactory completion of a physical examination and drug screening by company physicians after a contingent employment offer is made. This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration.

SIGNATURE OF APPLICANT: _____ DATE: _____