

Application for Employment

Date _____

We are an equal opportunity employer! Applicants for all available positions will be considered without regard to age, race, color, religious preference, gender, national origin, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

CRIMINAL BACKGROUND CHECKS ARE CONDUCTED BY THIS ORGANIZATION

(PLEASE PRINT)

Position Desired _____

Title: Registered Nurse Operating Room Technician Pre-op OR
 Recovery Other: _____

Full Time Part Time PRN Temporary

Date Available: _____ **Expected Salary Range:** _____

Referral Source: _____

Are you licensed certified registered other: _____

If any of the above, attach copy of licensure, certification and/or registration.

Name: _____
 Last First MI **Social Security Number**

Address: _____
 Street City State Zip Code

Telephone: (_____) _____ (_____) _____ (_____) _____
 Work Home Cell

E-Mail: _____

Best Time to Contact You: _____ May we call you at work? YES NO

REFERENCES: Give the names and addresses of three people who will furnish a character reference on your behalf. Exclude relatives and former employers.

Name	Address	Telephone	Relationship
1.			
2.			
3.			

	YES	NO	N/A
1. If you are under 18 and employed, can you furnish a work permit?			
2. Have you previously filed an application with this organization? If yes, give date:			
3. Are you presently employed?			
6. Are you legally eligible for employment in this country through Visa or immigration status?			
7. Are you physically or otherwise able to perform the duties of the job for which you are applying?			
8. Are you CPR certified? [] Basic [] ACLS [] PALS If any, attach copy of CPR cards			
9. Are you computer literate? If yes, please rate your skills on a 0-10 scale with 10 being expert: Rating: _____			
10. Are you aware of and competent in managing HIPAA requirements?			
11. Have you been convicted of a felony within the past five (5) years or a misdemeanor within the past two (2) years? If yes, give details.			
12. In the past three (3) years, have you knowingly used narcotics, amphetamines or barbiturates other than those prescribed to you by a physician?			

List all languages which you speak and your level of proficiency to include Braille and/or signing for the hearing impaired:

Language		Fluent	Good	Fair
English	Speak			
	Read			
	Write			
Other:	Speak			
	Read			
	Write			

Are you a veteran of the United States Armed Forces? [] YES [] NO
If yes, which branch? _____

EDUCATION

Provide information regarding your Education	Trade or High School	Undergraduate College/University	Graduate/ Professional
School Name			
School Address			
Telephone Number			
Years Completed	1 2 3 4	1 2 3 4	1 2 3 4
List Diploma, Degree Certificates obtained			
Course of Study/Major			

EMPLOYMENT EXPERIENCE

Start with your present or most recent work/job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which might indicate race, color, religion, gender, national origin, handicap or other protected status.

1. EMPLOYER	Dates Employed From / To	Description of Duties & Responsibilities:
Address		
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Job Title		
Supervisor		
Reason for Leaving		

2. EMPLOYER	<u>Dates Employed</u> From / To	Description of Duties & Responsibilities:
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting / Final	
Job Title		
Supervisor		
Reason for Leaving		

3. EMPLOYER	<u>Dates Employed</u> From / To	Description of Duties & Responsibilities:
Address		
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting / Final	
Job Title		
Supervisor		
Reason for Leaving		

Have you ever received any **disciplines** regarding your license, certifications or registration?
 Yes No If yes, please describe in detail, listing dates, places, events and outcome as well.

Applicant's Statement

I hereby certify that the answers given herein by me to the foregoing questions and that statements made are true and complete without consequential omissions of any kind to the best of my knowledge and that I have not knowingly withheld any information that would affect this application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "**at will**" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "**at will**" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

Administrative Review– FOR ADMINISTRATIVE USE ONLY
ADMINISTRATIVE REVIEW

Arrange Interview	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date: _____
Remarks	_____		

	_____	_____	
	Interviewer's Signature		Date
Notes:	_____		

<input type="checkbox"/> Character References Checked		<input type="checkbox"/> Professional References Checked	<input type="checkbox"/> NA
<input type="checkbox"/> Education Verified		<input type="checkbox"/> Licensure/Certification Verified	<input type="checkbox"/> NA
<input type="checkbox"/> Background Check	<input type="checkbox"/> NA		
<input type="checkbox"/> Registration Verified	<input type="checkbox"/> NA		
Employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Employment _____
Job Title	_____		Hourly Rate/Salary _____
Department	_____		Supervisor _____
By:	_____	_____	
	Name & Title		Date