

Lawrence Surgery Center
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

APPLICANT INFORMATION

Please answer the following questions completely and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print, except for your signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start? _____

 Last Name First Name Middle Name Telephone Number

 Present Street Address City State Zip Code

Social Security # _____ E-mail address _____

Are you 18 years of age or older? Yes No

(If you are hired, you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation?

(Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____

(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business

or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs ONLY: Do you have a valid driver's license? Yes No

Driver's License # _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details _____

EDUCATION

Name of School

Address

Subjects Studied

Number of Years Completed

Diploma/Degree Certificate

High School or GED:

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College or University:

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Vocational or Technical:

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REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, list names: _____

Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Provide three references that are not relatives or former employers.

NAME

ADDRESS

PHONE

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that a background investigation will be performed by a contracted third party company, and I authorize the performance of a background investigation prior to employment.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.