

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Do not write in this space

Offer Date/Time _____
 Starting Date _____
 Position Title _____
 Position Number _____
 Rate of Pay _____
 Step _____
 Job Class _____
 Orientation Date _____

Instructions: All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write NA in the space. Upon completion, sign your name in the space provided. **Please PRINT or WRITE legibly.**

Gulf Coast Outpatient Surgery Center

PERSONAL INFORMATION

Today's Date _____

Last name	First name	Middle initial	Social Security number	
Have you ever been known by another name?				
Present address	street and number	city	state	zip code
Telephone number				
Permanent address	street and number	city	state	zip code
Telephone number				
Are you a U.S. citizen? If <i>not</i> , do you have working papers?				Alien Registration #
YES NO Type of Visa (when applicable):				
If you are under 18 years of age, do you have working papers?			Are you able to perform the essential functions of the position(s) to which you are applying with or without reasonable accommodations?	
YES NO N/A			YES NO N/A	
What or who prompted you to apply here (please be specific, i.e., which newspaper, journal, name of friend, school instructor, etc.)?				
___ Job Line (Please identify) _____		___ Professional Journal Ad		
___ Newspaper Ad (Please identify) _____		___ Friend/Relative		
Other _____				
Have you ever pleaded guilty or been convicted of a crime- civilian or military? Do not list minor traffic violations. (IF YES, PLEASE EXPLAIN). YES WILL NOT DISQUALIFY YOU FROM CONSIDERATION FROM EMPLOYMENT.				
Yes No				

WORK PREFERENCES

Position desired	When can you start?	Approximate salary expected:
		Per hour _____ Per month _____
Are you willing to accept:		
___ Full time ___ Parttime ___ Per Diem		
If parttime, or per diem, indicate days and hours available		
Can you be flexible in your hours?		
YES NO		
Are you willing to work weekends?		
YES NO		

PERSONAL

Have you ever applied here before?	If yes, indicate date	Have you any relatives or acquaintances working here?	If Yes, indicate name, relationship and dept.
YES NO	Mo. Yr	YES NO NOT SURE	
Have you ever worked here before?	If yes, indicate dates and the department in which you worked.		
YES NO	From _____ / _____ to _____ / _____	Department:	Position:

LICENSE, REGISTRATION OR PERMIT

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Describe any job related training received in the United States military:

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EMPLOYMENT HISTORY (Begin with your present or most recent employer. Additional employment history sheets available upon request.)

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)		Work performed	
City/State/Zip			
Phone number/Fax		If you worked under a different name, indicate that name here.	
Dates employed (month/year) From To		Reason for leaving	May we contact? YES NO
Name of firm	Position title	Supervisor's Name Title	Phone
Address (street/number)		Work performed	
City/State/Zip			
Phone number/Fax		If you worked under a different name, indicate that name here.	
Dates employed (month/year) From To		Reason for leaving	May we contact? YES NO
Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)		Work performed	
City/State/Zip			
Phone number/Fax		If you worked under a different name, indicate that name here.	
Dates employed (month/year) From To		Reason for leaving	May we contact? YES NO

Periods Of	Date (month/year)	Date (month/year)	Date (month/year)	Date (month/year)
unemployment	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____

State any additional information you feel may be helpful to us in considering your application for employment:

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DECLARATION

The information on this application is accurate and correct to the best of my knowledge. I hereby authorize Gulf Coast Surgery Outpatient Surgery Center (GCOSC) to contact each organization and person on this application, except my present employer until I accept employment with GOCSC and all other sources to verify such information, and I authorize all such sources to disclose such information about me as requested by GOSC. I understand that my employment may be terminated if the information I have furnished is false or misleading. I understand employment

is dependent upon satisfactory passing a pre-placement physical review, and I consent to taking whatever pre-placement physical, including drug screen, and such future physical examinations as may be required by the Gulf Coast Outpatient Surgery Center.

Applicant's Signature _____ Date: _____
First Middle (initial) Last

THIS APPLICATION FOR EMPLOYMENT WILL ONLY BE VALID FOR 6 MONTHS FROM THE DATE OF THE APPLICATION. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT SUBSEQUENT TO THAT DATE, A NEW APPLICATION MUST BE COMPLETED.

Thank you for your interest in Gulf Coast Outpatient Surgery Center. Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualifications. Your application will be reviewed for all positions for which you are qualified. Only those applicants selected for an interview will be notified.

FOR PERSONNEL OFFICE USE ONLY

REFERENCE VERIFICATION

Two (2) Written references received

IF WRITTEN REFERENCE NOT AVAILABLE:

1) Company: _____
Contact: _____
Comments: _____

2) Company: _____
Contact: _____
Comments: _____

Interviewed for position on: _____
Date Initials

New Position Replacement Position Temporary Position (agreement signed)

Full-time Part-time Per diem

Additional pay for certifications @ \$ _____ per hour: Number of certifications: _____

Offer made on: _____ By: _____

Accepted **Starting Salary:** \$ _____ per hr / per month

Not accepted (note reason) _____

Start date: _____

Date Initials

Date notified position filled: _____

Date Initials

Immigration law explained: _____

Salary and benefits explained: _____

Orientation scheduled: _____

Drug screen arranged: _____

Application filed: _____

If rehire, file pulled: _____

License validated: _____

Physical exam completed: _____

Health inventory complete: _____

Orientation checklist done: _____