

application for employment



OakLeaf Surgical Hospital is an equal opportunity employer. It is our policy that all applicants be considered solely on the basis of qualifications and ability, without regard to race, religion, color, sex, age, national origin, citizenship, marital status, disability or veteran status. In addition, the company complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

PLEASE PRINT AND COMPLETE FORM IN DETAIL.

Please be specific and fill in all appropriate blanks. All information given will be held in strict confidence.

Name: _____ Social Security #: _____
Last First Middle

Maiden Name/Other Names Used: _____ Telephone Number: _____

Present Address: _____ How long have you lived there? _____
Street City State Zip Years/Months

Previous Address: _____ How long have you lived there? _____
Street City State Zip Years/Months

Date of Application: _____ Email Address: _____

Position Desired: _____ Full Time Part Time Per Diem

Wage/salary requirement: _____ Date available to start: _____

Have you ever worked for this company before? Yes No If yes, please give dates and position: _____

Are you at least 18 years or older? Yes No If no, you may be required to provide authorization to work.

Do you have the legal right to work in the U.S.? Yes No If no, please explain: _____

NOTE: A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law. Withholding or failing to provide known information could be construed as falsified application and possibly make you ineligible for hire. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In accordance with such laws, all offers are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit documents as are required by law to verify your identification and employment authorization upon employment.

Have you ever plead "guilty" or "no contest" to, or been convicted of, a misdemeanor, fraud or felony? Yes No

If yes, please give date(s) and details: _____

EDUCATION

Circle the highest school grade completed: High School 1 2 3 4 Technical School 1 2 3 College 1 2 3 4 5 Graduate 1 2 3 4

School Name	City/State	Years Completed	Graduate		Major Subjects or Areas of Concentration
			Yes	No	
High School					
Technical/Trade/Vocational School					
College					
Graduate School					

Are you taking any courses now? Yes No Please explain: _____

EMPLOYMENT

Include all previous employers, including part time employment, cooperative programs and summer work, beginning with present or most recent employer. Please include periods of unemployment and military experience. If you wish to describe additional work experience, attach on a separate piece of paper. NOTE: incomplete information could disqualify you from further consideration.

Name of Employer: _____ **Supervisor's Name and Title:** _____

Full Address: _____ **Telephone Number:** _____
Street City State Zip

Dates Employed: _____ **Rate of Pay:** _____
From Month/Year To Month/Year Beginning Rate Ending Rate

Reason for leaving: _____ **May we contact?** Yes No

Job title and describe work performed: _____

Name of Employer: _____ **Supervisor's Name and Title:** _____

Full Address: _____ **Telephone Number:** _____
Street City State Zip

Dates Employed: _____ **Rate of Pay:** _____
From Month/Year To Month/Year Beginning Rate Ending Rate

Reason for leaving: _____ **May we contact?** Yes No

Job title and describe work performed: _____

Name of Employer: _____ **Supervisor's Name and Title:** _____

Full Address: _____ **Telephone Number:** _____
Street City State Zip

Dates Employed: _____ **Rate of Pay:** _____
From Month/Year To Month/Year Beginning Rate Ending Rate

Reason for leaving: _____ **May we contact?** Yes No

Job title and describe work performed: _____

Name of Employer: _____ **Supervisor's Name and Title:** _____

Full Address: _____ **Telephone Number:** _____
Street City State Zip

Dates Employed: _____ **Rate of Pay:** _____
From Month/Year To Month/Year Beginning Rate Ending Rate

Reason for leaving: _____ **May we contact?** Yes No

Job title and describe work performed: _____

REFERENCES

List two past supervisors and one person who are not related to you and who have knowledge of your qualifications for the position for which you are applying.

Reference 1

Reference Name & Occupation	Company & Years Known
Reference Address	Reference Phone & Email

Reference 2

Reference Name & Occupation	Company & Years Known
Reference Address	Reference Phone & Email

Reference 3

Reference Name & Occupation	Company & Years Known
Reference Address	Reference Phone & Email

QUESTIONNAIRE

1) Has any certifying and/or licensing agency, authority or board ever initiated sanctions, discipline or denied you a license because of conduct, professional performance or substance abuse?

Yes No N/A If yes, please give date(s) and details: _____

2) Can you perform the essential job functions of the position for which you applied, with or without a reasonable accommodation?

Yes No If no, please explain: _____

3) What hours/days are you available to work? (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability							

4) Are you willing and able to work overtime and weekends as necessary? Yes No

5) Do you have any friends/relatives employed with OakLeaf Surgical Hospital? Yes No If yes, who: _____

NOTE: Applicants are not eligible for hire in the same department as a family member (defined as a spouse, parent, child, or sibling (adopted, step and in-law included).

6) Special skills/qualifications/certifications: BLS ACLS PALS Other: _____

7) Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying?

Yes No If yes, please explain: _____

8) Do you speak a foreign language? Yes No If yes, which: _____

9) Please explain any gaps in employment: _____

PRE-EMPLOYMENT STATEMENT

Please read carefully and sign the statement below.

I understand and agree that:

- 1) The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from the Company's employ.
- 2) Any offer of employment I may receive from the Company is contingent upon my successful completion of the Company's total pre-employment screening process, including the Company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer, pre-employment medical examination that the Company may require. I also agree, if employed, to submit to a medical examination at any time at the Company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to the Company.
- 3) I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that, if employed, I may be required to submit to an alcohol and/or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol and/or drug screening that I may be required to undergo disclosed to the Company.
- 4) Pursuant to a separate authorization and disclosure statement, in processing my application for employment, the Company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request of the Company, I will be informed whether an investigative consumer report was requested, and will be given full information as to the nature and scope of this investigation.
- 5) I authorize any request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
- 6) In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that no manager or representative of the Company, other than the Administrator, CEO, or the Human Resources Manager, has any authority to enter into any agreement with me for employment for any specific period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

Signature: _____ Date: _____



OAKLEAF
SURGICAL HOSPITAL
physician owned. patient centered.