

# PRINCE FREDERICK

## Surgery Center

### EMPLOYMENT APPLICATION

**DIRECTIONS**

- Type or print, using black ink or marker
- If you need additional space, attach a supplemental sheet
- Sign the completed application

<b>GENERAL</b>				
Name (Last)	(First)	(Middle)	Social Security No	Date of Application
Present Address (Street, City, State, Zip Code)			Phone No – Day (      )	Phone No – Evening (      )
Address Where You May Be Contacted If Different From Present Address			Alternate Phone No	Birthdate, If under 18
Have You Previously Worked for PRSC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment Supervisor 1)  2)	Department	Position	
If Hired, Can You Provide Proof of Citizenship or Legal Right to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of any criminal offense other than minor traffic violations? _____ If so, Please Explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account..				

<b>POSITION</b>			
Type of Position Applying For _____		Source of Referral _____	Job Posting No _____
Date Available	Position Desired <input type="checkbox"/> Full-time Regular <input type="checkbox"/> Temporary  <input type="checkbox"/> Part-time Regular	Specify Anticipated Period of Work and/or Number of Hours per Day	Salary Expected  \$

***Please note that the Employment Record, Education & Training and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your Resume, please be sure to provide that information in order to ensure your application materials will be considered.***

<b>EMPLOYMENT RECORD</b>		<b>List most recent employment first</b>		
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Reason for leaving
Street address, city, state, zip code				Phone (      )
Position Description				
Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Reason for leaving
Street Address, city, state, zip code				Phone (      )
Position Description				

**EMPLOYMENT RECORD CONTINUED**

Start Date	End Date	Final Position Title	Final Salary	May we contact this employer?
Employer		Last Supervisor's Name		Reason for leaving
Street address, city, state, zip code				Phone (     )
Position Description				

**EDUCATION & TRAINING**

College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>  <u>City &amp; State</u>
	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>			
College University Or Technical School	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>  <u>City &amp; State</u>
	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>			
High School Last Attended	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>  <u>City &amp; State</u>
	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>			
Other	Graduate?		Type of Degree or Diploma	<u>Major Subject</u>	<u>Name of School</u>  <u>City &amp; State</u>
	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>			

List licenses, foreign languages, computer, data/word processing, office equipment, typing, shorthand, or other skills & training you consider relevant to employment at Prince Frederick Surgery Center.

Language ability – list those you could use in your work

English	Speak	Read	Write	Other	Speak	Read	Write	Other	Speak	Read	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professional organizations, associations, honors, certifications, professional licenses and publications you consider significant. Please indicate the professional license number and state of issuance

**REFERENCES**

**List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.**

Name/Title	Mailing Address	Phone

**AUTHORIZATION**

**Application must be signed prior to submitting.**

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice.

\_\_\_\_\_ I consent to have Prince Frederick Surgery Center contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual, and given without malice.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

No person shall be denied employment based on race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status, age, veteran status, marital status or ex-offender status).

Employment is contingent upon furnishing evidence of identity and employment eligibility.