



## Application for Employment

Thank you for your interest in employment at the Evansville Surgery Center

The Evansville Surgery Center is dedicated to compliance with the Civil Rights Act of 1964 and 1991, the Age Discrimination in Employment Act of 1967, the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all federal, state and local laws that govern employment. Please inform the Human Resources Department if you need assistance during the application process.

Please provide all information requested to assure that all your qualifications are fairly considered for current or future vacancies. This application may not be considered unless completed in full. Your application will remain in our active files for 1 year, after which re-application is necessary. The submission of this application does not automatically result in an employment interview or a job offer.

### TELL US ABOUT YOU

Last Name:	First:	Middle:
Address (Street, City, State, Zip):		Phone (including area code):
Alternate Address (Street, City, State, Zip):		Phone (including area code):
Social Security Number:	E-mail Address:	

### TELL US ABOUT THE POSITION YOU ARE SEEKING:

Position Applied For:	First:	Middle:
Type of Employment Desired:		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual		
Alternate Address (Street, City, State, Zip):		Days
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating		
Minimum Salary Requirement:		
What Prompted Your Application? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Web site <input type="checkbox"/> Employee Referral    _____ <small>please specify</small>		
<input type="checkbox"/> ESC Website <input type="checkbox"/> Online Ad <input type="checkbox"/> Career Fair <input type="checkbox"/> Job Board		

## TELL US ABOUT YOUR EDUCATION & TRAINING

Circle last school year completed:	Elementary 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate 5 6 7 8 More
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School Name & Address	Dates		Graduated		Major	Diploma/Certificate
	From	To	Yes	No		
High School	NA	NA		*		
College, University or School of Nursing				*		
College, University or School of Nursing				*		
Graduate School				*		
Technical or Vocational School				*		

\*Anticipated graduation date

### SPECIALIZED TRAINING AND/OR EXPERIENCE:

(Check all that apply and rate your expertise: A = Advanced, I = Intermediate, B = Beginner)

- |  |  |
|--|--|
| <input type="checkbox"/> 10 Key Calculator<br><input type="checkbox"/> Accounting<br><input type="checkbox"/> Billing<br><input type="checkbox"/> Data Entry<br><input type="checkbox"/> Insurance, ICD-9/CPT<br><input type="checkbox"/> Coding<br><input type="checkbox"/> Medical Records<br><input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Medical Transcription<br><input type="checkbox"/> Microsoft Excel<br><input type="checkbox"/> Microsoft Power Point<br><input type="checkbox"/> Microsoft Windows<br><input type="checkbox"/> Microsoft Word<br><input type="checkbox"/> Switchboard Calculator |
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(Special skills, training and/or experience (Include any accomplishments, achievements and/or special contributions):

### PROFESSIONAL DATA:

(Please list any professional registration, licence and/or certification information):

Type	Number	Date of Issue	Expiration Date	State

Please list any professional/technical memberships you have that are job related:

## TELL US ABOUT YOUR WORK HISTORY:

Have you ever worked for the Evansville Surgery Center before? If so, please write the employment dates and name while employed. In the following spaces, give a complete record of your employment starting with your present or most recent employer. If additional space is needed, attach a supplementary sheet. Complete all blanks in full. ***Omitting previous employment may be considered falsification of this application and may prohibit employment at the Evansville Surgery Center.***

Present or Last Employer		Phone	
Address		City	State and Zip
Name While Employed	Job Title		Start Date      End Date
Social Security Number:	Ending Salary		Supervisor's Name
Summary of Duties			
Reason For Leaving			
May we contact your employer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Present or Last Employer		Phone	
Address		City	State and Zip
Name While Employed	Job Title		Start Date      End Date
Social Security Number:	Ending Salary		Supervisor's Name
Summary of Duties			
Reason For Leaving			
Present or Last Employer		Phone	
Address		City	State and Zip
Name While Employed	Job Title		Start Date      End Date
Social Security Number:	Ending Salary		Supervisor's Name
Summary of Duties			
Reason For Leaving			
Present or Last Employer		Phone	
Address		City	State and Zip
Name While Employed	Job Title		Start Date      End Date
Social Security Number:	Ending Salary		Supervisor's Name
Summary of Duties			
Reason For Leaving			
Present or Last Employer		Phone	
Address		City	State and Zip
Name While Employed	Job Title		Start Date      End Date
Social Security Number:	Ending Salary		Supervisor's Name
Present Reserve or Military Status			
Summary of Duties			
Start Date	End Date	Type of Discharge	Rank at Discharge

## REFERENCES

Please list three personal/character references. A personal should be an individual who has know your for at least one year and is not a relative.

Name	Address	Daytime Phone	Years Known

Have you ever been convicted of a crime, excluding minor traffic violations?  Yes  No  
If yes, please list the citation, date, court and place where the offense occurred.

Citation: \_\_\_\_\_ Date: \_\_\_\_\_

Court: \_\_\_\_\_ Address: \_\_\_\_\_

**PLEASE NOTE:** A conviction does not necessarily disqualify you from consideration for employment.  
Please explain so that an informed decision can be made:

Have you ever been excluded, or are you currently proposed for exclusion from participation in any Federal health care program?  Yes  No

## READ CAREFULLY AND SIGN

I voluntarily authorize the Evansville Surgery Center to make a thorough pre-employment investigation, including a limited criminal history background check. I understand that I have the right to obtain a copy of that report at my own expense and to challenge any information in it that I believe to be inaccurate. I hereby authorize former and present employers and others to provide or verify any information they have regarding my employment or me and release them from any liability for furnishing such information to the Evansville Surgery Center. I understand that employment is contingent on satisfactory outcomes of reference and background checks. All information in this application and employment-related documents is true and complete. I understand that if I am employed, false statements on this application and employment-related documents shall be considered sufficient cause for dismissal. If I receive an offer for employment, I agree to have a medical evaluation and understand that my employment is contingent on passing the evaluation. I agree to take such future medical evaluations as may be lawfully required by the Evansville Surgery Center. I understand that I may be required to work weekends and overtime, and hereby agree to do so. I agree to accept a temporary shift or unit change whenever emergency conditions warrant. I further understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of an authorized Evansville Surgery Center representative or me. If employed, I agree to abide by the policies, procedure and rules of the Evansville Surgery Center and the department to which I am assigned. I further agree to protect the confidentiality and privacy of any information regarding the Evansville Surgery Center and its patients.

Applicant Signature:

Date: