

Have you been employed by Palms Wellington Surgical Center? Yes No

If yes, please state employment dates: _____

Do you have any relative(s) currently working here? Yes No

If yes, please list names: _____

PROFESSIONAL REFERENCES

1. Name: _____ Phone: _____ Occupation: _____ Years Known: ____

2. Name: _____ Phone: _____ Occupation: _____ Years Known: ____

3. Name: _____ Phone: _____ Occupation: _____ Years Known: ____

EMPLOYMENT HISTORY

Describe your work experience in detail, beginning with your current or most recent job. If applicable, indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1. Name of Present or Last Employer: _____

Address: _____ **Phone No.:** (____) _____

Job Title: _____ **Supervisor's Name:** _____

FROM: ____/____/____ **TO:** ____/____/____ **HOURS PER WEEK:** _____ **Your name if different during employment:** _____
MONTH DAY YEAR MONTH DAY YEAR SALARY: _____

Duties and Responsibilities:

Reason for Leaving: _____

2. Name of Employer: _____

Address: _____ **Phone No.:** (____) _____

Job Title: _____ **Supervisor's Name:** _____

FROM: ____/____/____ **TO:** ____/____/____ **HOURS PER WEEK:** _____ **Your name if different during employment:** _____
MONTH DAY YEAR Month DAY YEAR SALARY: _____

Duties and Responsibilities:

Reason for Leaving: _____

3. Name of Employer: _____

Address: _____ Phone No.: (____) _____

Job Title: _____ Supervisor's Name: _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: _____ Your name if different during employment: _____
MONTH DAY YEAR MONTH DAY YEAR SALARY: _____

Duties and Responsibilities:

Reason for Leaving: _____

May we contact your present employer? Yes No

Have you ever held a position of trust (handling money or confidential information?) Yes No

Did you complete this application yourself? Yes No

JOB RELATED TRAINING OR COURSEWORK								
NAME OF SCHOOL	LOCATION	FROM	TO	CREDIT HOURS EARNED	COURSE OF STUDY	TRAINING COMPLETED?		
						YES	NO	

LICENSES OR CERTIFICATIONS				
Number	Date Received	Expiration Date	State	Licensing Agency

EDUCATION				
Name and Location	Field of Study	Degree	Year Graduated	GPA
High School:			N/A	
College:				
Graduate School:				
Business Technical:				
Other:				

SKILLS, LANGUAGES, ABILITIES, ETC.

Application Form Waiver

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of *Palms Wellington Surgical Center* or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President / Practice Administrator of the company. Both, the undersigned and *Palms Wellington Surgical Center* may end the employment relationship at any time, without specified notice or reason. If employed, I understand that *Palms Wellington Surgical Center* may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. *Palms Wellington Surgical Center* may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulation of *Palms Wellington Surgical Center*.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give *Palms Wellington Surgical Center* permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release *Palms Wellington Surgical Center* from any liability as a result of such contract.

I also understand that (1) *Palms Wellington Surgical Center* has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with *Palms Wellington Surgical Center* shall be introductory for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with *Palms Wellington Surgical Center* is terminable at will for any reason by either party.

Palms Wellington Surgical Center may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work location other than the location offered to you at the time of your hire.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature of Applicant: _____

Date: _____

***Thank you for completing this application and for your interest in
Palms Wellington Surgical Center***