

JOB APPLICATION.

PERSONAL INFORMATION (Please print or type all information.)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security#: _____

Person to Notify in Case of Emergency: _____

Address: _____ Phone: _____

Are you over 18 years of age? Yes ___ No ___ Are you a U.S. citizen? Yes ___ No ___

GENERAL INFORMATION

Position Desired: _____ FT ___ PT ___ PRN ___

Hours available or preferred: _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain on separate sheet.
Convictions are not an automatic bar to employment.0

Have you ever been discharged or fired by a previous employer? Yes ___ No ___ If yes, please explain on a separate sheet.

In the past 3 years, have you knowingly used narcotics, amphetamines, or barbiturates which were not prescribed for you by a licensed physician? Yes ___ No ___

Have you ever been disciplined in or terminated from a prior job due to a violation of privacy policies or misuse of patient information? Yes ___ No ___ If yes, please explain on separate sheet.

CURRENT OR MOST RECENT EMPLOYER

Name of Employer: _____ Immediate Supervisor: _____

Employer's Address: _____

Employer's Phone #: _____ Position: _____

May we contact this employer? Yes ___ No ___

EDUCATION

List High School, Technical/Training Schools, and Colleges attended with dates and date of graduation:

PROFESSIONAL LICENSES/CERTIFICATE(S)

Type: _____ State: _____ Date Issued: _____ Expires: _____
Number: _____

Type: _____ State: _____ Date Issued: _____ Expires: _____
Number: _____

Type: _____ State: _____ Date Issued: _____ Expires: _____
Number: _____

U.S. MILITARY SERVICE

Branch: _____ Date Entered: _____ Date Separated: _____

Type of Discharge: _____ Are you a member of the Reserves? Yes ___ No ___

REFERENCES

Provide the names, addresses, and telephone numbers of two individuals whom we may contact about your work habits:

Name: _____
Phone: _____ Fax: _____
Address: _____

Name: _____
Phone: _____ Fax: _____
Address: _____

CERTIFICATION

1. I give permission to **ABINGTON SURGICAL CENTER (ASC)** herein referred to as "facility" to investigate all pertinent information concerning my application in order to determine my qualifications for employment. I understand that any willful misrepresentation of facts contained in this application will be cause for my rejection or dismissal.
2. I understand that any offer of employment I may receive will be conditioned upon my taking and passing a post-offer medical examination given by physicians approved by the "facility." I also agree to take a medical examination at such other times as required by the "facility" (to the extent permitted by law) during the period of my employment. I also agree that a tuberculin skin test (and any necessary follow-up) and rubella titer are required.
3. I agree to abide by all "facility" rules and regulations. I understand that this application and any other "facility" documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the "facility" at any time for any reason. Failure to provide proper notice of resignation may result in forfeiture of certain accrued benefits. I understand that no management representative has any authority to enter into any agreement for employment for any specific period of time or make any agreement contrary to the foregoing. I understand that, my employment, if tendered, will be subject to the conditions of an applicable introductory period established by the "facility."

Signature: _____ Date: _____
