

South Portland Surgical Center, LLC

Application for Employment

In compliance with applicable laws, the company does not discriminate because of age, sex, race, color, religion, marital status, national origin, veteran status, disability or other applicable protected status.

Instructions: Please print. Be sure to answer all questions. If a question does not apply to you, answer with "no" or "not applicable" (N/A). **Do not substitute a resume for the information requested.**

Position applied for	Status preference <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Pool	Minimum salary requirement
Have you worked with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates	
Date you will be available if offered employment		

General Information

Last name	First	Middle		
Present address	City	State	Zip	How long?
Previous address	City	State	Zip	How long?
Telephone number and area code			Email address	
Home ()	Work ()	Cell ()		
Person to be notified in case of emergency				
Name		Phone ()		
Check one to indicate citizenship status	<input type="checkbox"/> Legal Citizen (LC) <input type="checkbox"/> Resident Alien (RA)	<input type="checkbox"/> Student Visa (SV) <input type="checkbox"/> Visitor Visa (VV)	Visa number and expiration if applicable:	
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Length of Service	From	To
List both current and inactive professional licenses and registrations				
Type	State	Number	Date Issued	Expiration Date
				Status
Have you ever received sanctions, been on probation or had limitations on any of your professional licenses or registrations <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain
Have you ever been excluded or otherwise made ineligible to participate in any federal programs, including any health care program (e.g. Medicare, Medicaid, etc.) or have you ever been convicted of a criminal offense related to the provision of health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details including offense, date and jurisdiction		
Have you ever been terminated from or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of employer and date		

An equal opportunity employer

Employment History

Cover all current and previous employment, including jobs held while in school or in the military. Start with your present or last position and list backwards in chronological order. Please answer all questions and explain all periods of unemployment. **Do not substitute a resume for the information requested.**

	Name and address of employer	Dates employed		Positions held
		From Month/Year	To Month/Year	
1.				
2.				
3.				
4.				
5.				

Education History

Education	Name and location of institution	Highest grade/year completed	Grade average	Did you graduate?	If you graduated, what was your degree and major	Dates attended
High school and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Other institutions attended				<input type="checkbox"/> Yes <input type="checkbox"/> No	Major	
List any other training and education						
Extracurricular activities, awards, academic honors, etc.						

	<i>Briefly explain your duties, responsibilities and number of people supervised in each position.</i>	<i>Why did you leave?</i>	<i>Name, title and phone number of supervisor</i>	<i>May we contact?</i>
1.				
2.				
3.				
4.				
5.				

Activities

<i>Current or past membership in civic, professional or other organizations of which you would like us to be aware</i>
<i>Hobbies and other interests</i>

Skill Summary	What specific experience have you had in the following?				
	<i>Length of time</i>	<i>Type</i>	<i>Computer Skills</i>	<i>Length of time</i>	<i>Name of program</i>
<i>Accounting</i>			<i>Data entry</i>		
<i>Billing</i>			<i>Word processing</i>		
<i>Medical records</i>			<i>Spread sheets</i>		
<i>Calculator</i>			<i>Data base applications</i>		
<i>Typing</i>		<i>Speed wpm</i>	<i>Other</i>		
<i>Dictating equipment</i>			<i>Other</i>		

Applicant's Statement

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize the South Portland Surgical Center or its agents to conduct an investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any kind and all liabilities, claims or law suits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of South Portland Surgical Center and to support the company's commitment to operate in compliance with all applicable laws. I understand that all employees are subject to the rules and testing components of the South Portland Surgical Center Drug and Alcohol Policy and that employment with South Portland Surgical Center is contingent upon compliance with this policy and that a pre-employment drug test will be required as a prerequisite to employment.

I 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 either the company or myself. I also understand that any period of employment is not for a specific duration and understand that no company representative has the authority to make any oral or written agreements which are contrary to the foregoing.

I certify that I have read, understand and agree with the above.

Applicant's Signature

Date