

# Application for Employment

INDEPENDENT  
SURGEONS AND  
PHYSICIANS, LLC

Name \_\_\_\_\_ Date \_\_\_\_\_  

Last
First
Middle

Address \_\_\_\_\_  

Street
City
State
Zip Code

Telephone # ( ) \_\_\_\_\_ Other Phone # ( ) \_\_\_\_\_ Email \_\_\_\_\_

Referred by \_\_\_\_\_ Position(s) applied for \_\_\_\_\_ Date available \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary Salary desired \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

Are you over 18 years of age?  Yes  No (A work permit will be required before start date if hired)

Are you available to work overtime and weekends if required?  Yes  No

Have you been employed at this company before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, describe: \_\_\_\_\_

Have you ever been involuntarily terminated from a position for committing a HIPAA privacy breach, or for any reason associated with the HIPAA law?  Yes  No If yes, when: \_\_\_\_\_

Are you included on the Office of the Inspector General's List of Excluded Individuals/Entities?  Yes  No Date \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, ST	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	Per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	Per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	Per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

**COMMENTS** INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS**  
 What was the best job you've ever had? Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Think of the best supervisor or manager you've had. What characteristics made that person a good supervisor? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your greatest strengths? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As your skills and abilities relate to your work experiences, what are the areas for improvement? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What traits or characteristics do you most admire in co-workers? \_\_\_\_\_

How do you describe the essence of success? Have you been successful so far? \_\_\_\_\_

What do you think is the most important aspect of sales / customer service work? \_\_\_\_\_

Please tell us something about you, job related experiences, skills, qualifications. \_\_\_\_\_

### PROFESSIONAL REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			( )
			( )
			( )

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal Immigration laws require me to complete an I-9 Form in this regard.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_