

Florida Digestive Specialists Bay Area Endoscopy and Surgery Center Application for Employment

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address							
Name (First, MI, Last)				Social Security Number			
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
D I have no preference.	D Mon.	D Tues.	D Wed.	D Thurs.	D Fri.	D Sat.	D Sun.
I am seeking a:		D Full-time job		D Part-time job		D Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						D Yes	D No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						D Yes	D No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						D Yes	D No
If Yes, please explain:							
Do you have a driver's license? D Yes D No				Driver's license number		Issued in what state?	

Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma
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High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?	D Yes	D No	Date entered
Are you now a member of the National Guard?	D Yes	D No	Discharge date

Specialty

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Please explain any gaps of more than two months between jobs:

Please write your initials next to each of these five statements to show you have read and understand each.

1. ____ The information in this application is true. I authorize investigation of all statements in this application. I understand that if I am hired and any statements in this application are found to be false, I will be dismissed from employment.

2. ____ I understand and agree that if accepted for employment it will be for no definite period of time or pay. Regardless of the date of payment of my wages or salary, I may be terminated at any time without any previous notification—known as "at-will employment," meaning I or my employer may terminate employment at will. No one other than the owner of this company has the authority to alter this arrangement, to form an agreement for employment for a specified period of time, or to make any agreement contrary to this policy. Any change to this policy must be in writing and signed by the owner of this company.

3. ____ I can and will provide documents proving my legal right to work in the United States prior to beginning employment.

4. ____ I give permission for you or your agent to investigate my background which may include a job-history check, a driving-record check and a criminal-history check. I authorize, without reservation, any law enforcement agency, state agency, information service company, public or private institution, or past employer to provide you with any information they may have regarding my background. I authorize you and my former employers to openly discuss the information contained in this application and my past job history.

5. _____ I agree to being tested for drug use both before and at any time during employment. If I refuse to take a drug-use test or if the test shows I use drugs, I understand I will be disqualified for the job.

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. A copy or fax copy of this application and my signature shall be as valid as the original.

Signature

Date