THE SURGICAL PAVILION, LLC

APPLICATION FOR EMPLOYMENT

General Instructions: Application must be typed or legibly printed in ink. Where requested, and when there is insufficient space to complete your response, attach additional sheets.

POSITION INFORMATION

Position applied for:

Shift Preference

Status Preferred: Full-time ☐ Part-time ☐ PRN ☐

Who referred you to this Center?

Minimum Salary Requirement?

APPLICATION HISTORY

Have you ever worked at this Center before? Yes ☐ No ☐ When?

Position?

Have you ever applied at this Center before? Yes ☐ No ☐ When?

Please explain:

GENERAL INFORMATION

Last Name | First Name | Middle Initial | Social Security No.

Residence Address | City | State | Zip | Telephone ( ) | How Long?

Position applied for: | City | State | Zip | Telephone ( ) | How Long?

Citizenship Status ☐ Legal Citizen ☐ Resident Alien ☐ Student Visa ☐ Visitor Visa ☐ Other

If you are not a citizen, what is your visa #?

What is your visa expiration date?

PROFESSIONAL REGISTRATION OR LICENSURE

Type 1. _____ State 1. _____ Renewal Date 1. _____ Expiration Date 1. _____

2. _____ State 2. _____ Renewal Date 2. _____ Expiration Date 2. _____

3. _____ State 3. _____ Renewal Date 3. _____ Expiration Date 3. _____

Have you ever been in the U.S. armed forces? Yes ☐ No ☐ Length of military service? From: To:

Have you ever been bonded? Yes ☐ No ☐

Have you ever been convicted of a felony? Yes ☐ No ☐ If yes, what was the felony?

When? What was the outcome?

Have you ever been terminated from or asked to resign from a position? If yes, explain:

Person to be contacted in case of emergency: Name

Phone Number

POSITION INFORMATION

Name and Address | Telephone ( )

Name and Address | Telephone ( )

Name and Address | Telephone ( )

Name and Address | Telephone ( )

Name and Address | Telephone ( )

Name and Address | Telephone ( )