

*NAME:

Last

First

Middle

DATE:

BAPTIST PHYSICIANS' SURGERY CENTER

EMPLOYMENT APPLICATION

Applications are maintained for up to one year. If you wish to be considered after one year, you must reapply. All applications are subject to the review of various governmental agencies having regulatory authority over this company.

If you need more space for your answers, please attach a separate sheet. Feel free to add any additional information which will help us in placing you where you are best qualified

Equal Employment Opportunity

*Before beginning, please read the application in its entirety, and all sections with * must be fully completed before submitting your application.				
*PERSONAL INFORMATION				
NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS (STREET, CITY, STATE)			ZIP CODE	PHONE (INCL. AREA CODE)
PERMANENT ADDRESS (STREET, CITY, STATE)			ZIP CODE	PHONE (INCL. AREA CODE)
Email Address: Please include so we can communicate via email regarding your application for employment.				
HOW WERE YOU REFERRED TO THE SURGERY CENTER? IF REFERRED BY AN EMPLOYEE, GIVE NAME AND RELATIONSHIP.				
LIST FRIENDS/RELATIVES WHO WORK OR PREVIOUSLY WORKED FOR THE SURGERY CENTER.				
HAVE YOU EVER BEEN EMPLOYED BY THE CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, GIVE DATE(S) OF EMPLOYMENT.	
TYPE OF EMPLOYMENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CO-OP <input type="checkbox"/> INTERNSHIP			
POSITION DESIRED	1 st CHOICE		2 nd CHOICE	
*EDUCATIONAL INFORMATION				
	NAME AND ADDRESS	LIST DIPLOMA/DEGREE AND MAJOR SUBJECT	DATE COMPLETED	
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL, BUSINESS or OTHER				
PROFESSIONAL CREDENTIALS	<u>*ORGANIZATIONS, LICENSES, CERTIFICATIONS, CERTIFICATES i.e.: BLS, ACLS, PALS</u> (Please list all numbers and attach copy of certification letters, cards, and licenses for verification)			
LANGUAGES		SOFTWARE and HARDWARE PROFICIENCIES		
*WORK EXPERIENCE & SKILLS				
Explain any periods of unemployment during the past five (5) years:				
Do you possess any other skills, training, or qualifications not yet mentioned, which you think would benefit the organization?				

*EMPLOYMENT INFORMATION		THIS SECTION MUST BE COMPLETED: List both paid and volunteer experience as applicable, starting with the LAST place worked FIRST. Account for the last 10 years or years worked if less than 10 YEARS. A resume' can be substituted in place of completing the section on description of duties. Please attach resume' if you have additional related job experience.				
1	FROM (mo./yr.)	COMPANY OR ORGANIZATION		LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING	
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)					SALARY – Starting
						SALARY – Last
2	FROM (mo./yr.)	COMPANY OR ORGANIZATION		LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING	
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)					SALARY – Starting
						SALARY – Last
3	FROM (mo./yr.)	COMPANY OR ORGANIZATION		LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING	
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)					SALARY – Starting
						SALARY – Last
4	FROM (mo./yr.)	COMPANY OR ORGANIZATION		LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING	
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)					SALARY – Starting
						SALARY – Last
5	FROM (mo./yr.)	COMPANY OR ORGANIZATION		LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING	
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)					SALARY – Starting
						SALARY – Last
*May we contact the employers you listed? YES () NO () If no, explain: <hr/> <hr/>						
*MILITARY; if applicable						
BRANCH OF U.S. SERVICE			MAJOR DUTIES			
MILITARY SCHOOLS ATTENDED			MILITARY JOB EXPERIENCE			

*PROFESSIONAL WORK REFERENCES			
1	NAME	ADDRESS	
	OCCUPATION	PHONE	YEARS KNOWN
2	NAME	ADDRESS	
	OCCUPATION	PHONE	YEARS KNOWN
3	NAME	ADDRESS	
	OCCUPATION	PHONE	YEARS KNOWN

*EMPLOYMENT QUESTIONNAIRE

Has your professional license, certification, and/or registration ever been subject to any disciplinary action? ____ Yes ____ No

Do you authorize Baptist-Physicians' Surgery Center to inquire about your licensure, certification, and/or registration with the appropriate licensing agency or board? ____Yes ____No

Have you even been employed by a Baptist Healthcare System Facility? ____Yes ____No

*APPLICANT CERTIFICATION & AGREEMENT

Should I become an employee of the Baptist- Physicians' Surgery Center, I agree, in consideration of such employment, that I will not divulge to others or use for my own benefit any confidential information obtained during the course of my employment relating to sales, research and development, formulas, processes, methods, machines, manufactures, compositions, ideas, improvements, or inventions belonging to or relating to the affairs of the Baptist-Physicians' Surgery Center by whom I am employed.

I certify that the answers provided by me herein, and the representations made on my resume', if any, are to the best of my knowledge and belief, true and correct without reservation, and if found to be false would be considered by me as just cause for discharge. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application.

It is understood that employment at the Baptist-Physicians' Surgery Center is contingent upon my completing satisfactorily the required the pre-employment screenings, including a drug test, references and police background checks.

I further understand and agree that any offer of employment will be on an employment-at-will basis. As such, both the Baptist-Physicians' Surgery Center and I will have the right to terminate this employment at any time and for any reason.

I hereby authorize Baptist- Physicians' Surgery Center to verify any and all information contained in this application and to inquire about my ability and qualifications for employment from former employers and others, and I hereby release all concerned from any liability in connection with gathering such information.

Applicant's Signature

Date

BAPTIST-PHYSICIANS' SURGERY CENTER

Applicant Certification & Agreement

***New Employee Drug Screening**

Baptist-Physicians' Surgery Center is committed to providing a safe working environment and to ensure that its employees are free from health impairments which are of potential risk to patients or other employees, which may constitute a direct threat of property or safety of others, or which may interfere with or prevent performance of the employees' duties, including habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs and substances which may alter the employees' behavior.

Baptist-Physicians' Surgery Center does require screening of all newly hired employees in order to prevent the continued employment of persons who may use illegal drugs or individuals whose use of illegal drugs indicate a potential for impaired job performance. As an applicant applying for employment, you will be asked to sign this consent form which allows an independent laboratory to perform drug screening and submit the results to Baptist-Physicians' Surgery Center. *Applicants who refuse to sign this form will not be considered for employment.*

All newly hired persons may be subject to a random laboratory-screening exam, which will test for drugs. Continued employment is contingent upon the results of this screening exam.

Positive results from the drug screening will be communicated to the employee/applicant by the Human Resources Department of Baptist-Physicians' Surgery Center. If the newly hired employee protests a positive test result, Baptist-Physicians' Surgery Center **may** permit the employee/applicant to submit a second urine sample, at the convenience of the Surgery Center, at an independent laboratory, at the employee/applicant's expense. If re-testing is positive and a satisfactory explanation is not offered, employment of the individual will be terminated.

I have read the above policy and understand that employment with Baptist-Physicians' Surgery Center is contingent upon the screening exam.

Signature of Applicant

Date

BAPTIST-PHYSICIANS' SURGERY CENTER

Applicant Certification & Agreement

***New Employee Background Check**

I authorize Baptist Physicians' Surgery Center to obtain a background report on me, including any investigative consumer reports. I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will prepare the background report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at www.adpselect.com.

I understand the company may order background report(s) under my legal name and any other names I may have used.

I also authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to you: public records; a Social Security number verification; driving records; military service; credentials/certifications; and verification of prior employment and education.

Have you ever been convicted of a crime other than a minor traffic violation? YES () NO ()

If yes, please explain date and nature of conviction(s): _____

Conviction of a crime will not automatically disqualify an applicant from employment. Any offense will be evaluated in connection with the duties and responsibilities of the position sought or available.

I hereby authorize and give consent to Baptist-Physicians' Surgery Center to obtain from any sources of criminal activity, drug screening, and reference checks, in order to receive an employment opportunity with Baptist-Physicians' Surgery Center.

I have read the above policy and understand that employment with Baptist-Physicians' Surgery Center is contingent upon a background check.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature

____/____/____
Date (Month/Day/Year)

The information requested below is collected solely for the purpose of aiding ADP Screening and Selection Services in completing a background check.

First Name _____ Middle Name (required) _____ Last Name _____ Suffix _____

Email Address: _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

*APPLICANT EQUAL OPPORTUNITY INFORMATION

It is the policy of Baptist-Physicians' Surgery Center to provide equal employment opportunities to all employees and applicants for employment in accordance with all applicable laws, directives and regulations of federal, state, and local governing bodies or agencies thereof.

We will recruit, hire, train, and promote persons in all job groups without regard to race, color, religion, sex, national origin, age, disability or veteran status.

This information is for our Equal Opportunity/Affirmative Action program analysis and periodic government reporting and will only be used for required statistical analysis and reports. Completing this data sheet will neither enhance nor detract from your opportunity for employment with our company, nor will it become a part of our application. It will be kept in a confidential file separate from the Application for Employment.

Submission of this data is voluntary.

*PLEASE PRINT ALL INFORMATION

Name: (Last, First, Middle)	Social Security #:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Position(s) Applied For:	Date:	Zip Code:
Check one of the following race, "ethnic groups", that you identify yourself as belonging to: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> HISPANIC (Regardless of Race) <input type="checkbox"/> WHITE (Not of Hispanic Origin) <input type="checkbox"/> BLACK (Not of Hispanic Origin) </div> <div style="width: 45%;"> <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE </div> </div>		
Can you perform the essential functions of the job for which you are applying, with or without accommodations? <input type="checkbox"/> Yes, With Accommodations** <input type="checkbox"/> Yes, Without Accommodations <input type="checkbox"/> No	Are you a veteran of the Vietnam Era? <input type="checkbox"/> Yes <input type="checkbox"/> No	
** Explain any required accommodations:		

DEFINITIONS

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

HISPANIC – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WHITE (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

BLACK (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

ASIAN OR PACIFIC ISLANDER – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

AMERICAN INDIAN OR ALASKAN NATIVE – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

VETERAN OF THE VIETNAM ERA – A veteran, any part of whose active military, naval, or air service was during the period from August 5, 1964, through May 7, 1975, who (a) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty because of a service-connected disability.

