## North River Surgery Center

## 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.

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POSITION INFORMATION	Position applied for:			Shift Prefe	rence	Status Pref Full-time	erred: Part-time PRN		
	Who referred you to this Center?					Minimum Sa	alary Requirement?		
APPLICATION HISTORY	Have you ever worked at this Center before? Yes  No No	W	/hen?	Position?					
	Have you ever applied at this Center before? Yes No	W	/hen?	Please exp	plain:				
GENERAL INFORMATION	Last Name	First Name		Middle Initial		Social Security No.			
	Residence Address	City	Stat	e Zip	Telep (	hone )	How Long?		
	Position applied for:	City	Stat	te Zip		hone	How Long?		
	Citizenship Status Legal Citizen Resident Alien Stur Visitor Visa Other	dent Visa	lf you are not a citizen, w	hat is your visa #?	What	t is your visa	expiration date?		
PROFESSIONAL REGISTRATION OR LICENSURE	Type 1 2 3	State 2.	Renew	val Date 1 val Date 2 val Date 3	Expiration	Date 2			
	Have you ever been in the U.S. armed forces?		Length of military servic From: T		Have y bond	you ever bee ed? Yes <b>[</b>	en 🗌 No 🗖		
	Have you ever been convicted of a felony? If yes, what was the felony? Yes D No D								
	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: f	Name	Pł	none 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 ( )				
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POSITION	Name of Employer							
INFORMATION	Street	City	State	Zip	Dates From-	/	To-	/
	Position		Position(s) Held			,		,
	Explain your duties, responsibilities and number of people supervised, if any.							
	Why did you leave?							
	Name of supervisor?		Phone # of Supervision (     )		I	May we cont Yes 🗖	tact? No □	
	Name of Employer							
	Street	City	State	Zip	Dates			
	Position		Position(s) Held		From-	/	То-	/
	Explain your duties, responsibilities and number of people supervised, if any.							
	Why did you leave?							
	Name of supervisor?		Phone # of Supervision			May we con		
	Name of Employer		( )			Yes 🗖	No 🗖	
					_			
	Street	City	State	Zip	Dates From-	/	To-	/
	Position		Position(s) Held					
	Explain your duties, responsibilities and number of people supervised, if any.							
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	Name of supervisor?		Phone # of Supervision		l	May we cont Yes 🗖	tact? No □	
	Name of Employer		( )					
	Street	City	State	Zip	Dates			
	Position		Position(s) Held		From-	/	To-	/
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	Why did you leave?							
	Name of supervisor?		Phone # of Supervision ( )			May we cont Yes 🗖	tact? No □	
	L							

EDUCATION	High School and/or G.E.D.:	Name and Location	Highest Grade Completed?	Grade Average?	
	Did you graduate? Yes D No D	If yes, what was your major study?		Last year of study?	
	College:	Name and Location	Highest Grade Completed?	Grade Average?	
	Did you graduate? Yes 🔲 No 🗖	If yes, what was your degree and major?	I	Last year of study?	
	Trade or Business School:	Name and Location	How Long?	Grade Average?	
	Did you graduate? Yes D No D	If yes, what was your major study?	I	Last year of study?	
	List other training you have had:				
	Extracurricular Activities, Offices held:				
	Academic honors or special recognition:				
	Current Memberships in Professional Organizations	:			
	Past Memberships in Professional Organizations:				
	Sports, Hobbies and other interests:				
	Have you had experience in the following?		Leng	gth of Time?	
CLERICAL ONLY					
	Accounting		Yes 🗖 No 🗖 🔜		
	Billing and Collecting		Yes 🗖 No 🗖 🔄		
	Medical Records		Yes 🗖 No 🗖 🔜		
	Managed care contracting		Yes 🗖 No 🗖 🔄		
	Computers Types:		Yes 🗖 No 🗖 🔄		
	Shorthand		Yes 🔲 No 🗖 🔄		
	Typing Average words per mi	inute:	Yes 🗖 No 🗖 🔜		
	Dictation		Yes 🗖 No 🗖 🔔		
	Other		Yes 🗖 No 🗖 💻		

## SUMMARY OF QUALIFICATIONS

In this space you briefly summarize any additional qualifications you feel are important in considering your application for employment.

I fully understand that any significant misstatements in or omissions from this application constitute cause for denial of employment or cause for dismissal from employment. All information submitted by me in this application is true to my best knowledge and belief.

I hereby authorize an inquiry to be made on the information contained in the application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from providing this information.

If an employment agreement is established, I agree to conform to all the rules and regulations of North River Surgery Center. 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 North River Surgery Center.