



### EMPLOYMENT APPLICATION

Premier Surgical Center supports individuals in reaching their full potential by offering equal employment opportunities and an environment that actively values diversity. PSC complies with all applicable laws concerning hiring and employment practices and is firmly fostering and maintaining a workplace free from discrimination. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

**PLEASE PRINT LEGIBLY IN INK – In addition to completing this application, please submit your resume**

**PERSONAL**

<b>Name:</b>	<b>Social Security Number:</b> / /
<b>Preferred Name:</b>	<b>Home Telephone Number:</b>
<b>Present Address:</b> <b>City:</b> <b>State:</b> <b>Zip:</b>	<b>Cell Phone Number:</b>
<b>Address Where You May Be Contacted if Different from Above:</b>	<b>Email Address:</b>
<b>Have you Previously Worked for PSC:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If Yes Provide Dates of Employment:</b> (MM/YY)  <b>If Hired, Can you Provide Proof of Citizenship or Legal Right to Work?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Have you ever been convicted of any criminal offense other than minor traffic violations?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If so: Please Explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account:</b>	<b>Are you over the Age of 18?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**POSITION APPLYING FOR:** \_\_\_\_\_  FT     PT     Per Diem

**How did you hear about opportunities at PSC?**  
 PSC Website                       Employee Referral, Specify who \_\_\_\_\_                       Directly Sourced  
 Advertisement, Specify \_\_\_\_\_                       Other \_\_\_\_\_

**PRIOR WORK AND VOLUNTEER EXPERIENCE**

<b>1)Organization</b>	<b>Dates:</b> MM/YY                      MM/YY
<b>Address</b>	<b>From:</b>
<b>ANNUAL SALARY OR HOURLY RATE:</b> \$	
<b>City</b> <b>State</b> <b>Zip Code</b>	<b>Responsibilities:</b>
<b>Title or Position</b>	<b>Reason for Leaving:</b>
<b>Supervisor's Name:</b> <b>Tel. #</b> _____	<b>May we contact as a Reference:</b>
<b>Email:</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PRIOR WORK AND VOLUNTEER EXPERIENCE**

2)Organization		Dates: MM/YY	MM/YY
Address		ANNUAL SALARY OR HOURLY RATE: \$	
City	State	Zip Code	
Title or Position		Responsibilities:	
Supervisor's Name:		Tel. #	
Email:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3)Organization		Dates: MM/YY	MM/YY
Address		ANNUAL SALARY OR HOURLY RATE: \$	
City	State	Zip Code	
Title or Position		Responsibilities:	
Supervisor's Name:		Tel. #	
Email:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**EDUCATION & TRAINING**

EDUCATION & TRAINING		GRADUATED	MAJOR/SPECIALTY
High School	School Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	City, State, Zip Code	Type of Degree:	
College	School Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	City, State, Zip Code	Type of Degree:	
OTHER: (Specify)	School Name	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	City, State, Zip Code	Type of Degree:	

**PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATES**

Type of License/Certificate	License #	Expiration Date	State

**LIST ADDITIONAL INFORMATION THAT WOULD HELP US TO EVALUATE YOUR APPLICATION:**

(INCLUDING TRAINING, PROFESSIONAL ORGANIZATIONS, SEMINARS, SPECIALIZED SKILLS, LANGUAGES, OR OTHER SKILLS YOU CONSIDER RELEVANT TO YOUR EMPLOYMENT AT PSC)


**REFERENCES**

(LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION)

NAME/TITLE	ADDRESS	PHONE	RELATIONSHIP

I certify that all answers or statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsifications, misrepresentation or material omission of information submitted on this application will constitute grounds for denial or immediate dismissal from employment.

I authorize all persons, schools, employers and other organizations mentioned in this application to provide PSC with any and all information requested by PSC related to my qualifications for employment. I hereby voluntarily release PSC and any other persons or entities from any and all liability related to the provision of such information.

I understand that my job offer will be contingent upon satisfactory replies to background and reference checks and that information about the content and scope of such checks will be furnished to me if I make a written request for such information within a reasonable time.

I further understand that employment with PSC may be conditioned upon the results of a medical screening examination, skills testing and my ability to provide satisfactory documentation of my U.S. citizenship or authorization to work in the U.S. within 72 of the commencement of my employment.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

In the event I am employed by PSC, I agree to comply with all of the employment policies. PSC reserves the right to change or amend policies from time to time.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Legal Signature of Applicant

\_\_\_\_\_

Date