

Northeast Missouri Ambulatory Surgery Center
 98 Medical Drive / PO Box 511
 Hannibal, MO 63401-0511

APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION			
LAST NAME NUMBER	FIRST	MIDDLE	SOCIAL SECURITY
PRESENT ADDRESS ZIP	CITY		STATE
PERMANENT ADDRESS ZIP	CITY		STATE
PHONE NUMBER	NAME/PHONE NUMBER TO CALL IN EMERGENCY		
FORMER NAMES	ARE YOU OVER THE AGE OF 18 <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT LANGUAGES DO YOU SPEAK FLUENTLY? <input type="checkbox"/> READ <input type="checkbox"/> WRITE	

EMPLOYMENT DESIRED				
POSITION DESIRED	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PRN <input type="checkbox"/> PART TIME	POSITION APPLIED FOR	DATE AVAILABLE	SALARY

EDUCATION				
LEVEL	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS	GRADUATION AND DATE	MAJOR SUBJECT STUDIED/DEGREE
HIGH SCHOOL		Y N		
TRADE, VOCATIONAL SCHOOL		Y N		
COLLEGE		Y N		
OTHER		Y N		

PROFESSIONAL LICENSES and/or CERTIFICATIONS			
TYPE/NUMBER	ORGANIZATION OR STATE ISSUED	DATE ISSUED	DATE EXPIRES

REFERENCES			
(GIVE THE NAMES OF AT LEAST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)			
NAME	ADDRESS	BUSINESS/RELATIONSHIP	PHONE NO.

(PLEASE LIST EMPLOYERS FOR THE LAST 7 YEARS STARTING WITH THE LAST ONE FIRST)

CURRENT OR LAST EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATES	BRANCH AND RANK AT DISCHARGE
MILITARY SPECIALITY	ARE YOU PRESENTLY A MEMBER OF THE GUARD OR RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO	

SKILLS (PLEASE CHECK THE SKILLS YOU CURRENTLY POSSESS)

- | | | |
|--|---|--|
| <input type="checkbox"/> FILING | <input type="checkbox"/> ACCOUNTS PAYABLE | <input type="checkbox"/> INSURANCE BILLING |
| <input type="checkbox"/> TYPING (WPM _____) | <input type="checkbox"/> SPREAD SHEET | <input type="checkbox"/> ADMITTING |
| <input type="checkbox"/> TEN KEY BY TOUCH | <input type="checkbox"/> WORD PROCESSING | <input type="checkbox"/> MEDICAL TERMINOLOGY |
| <input type="checkbox"/> ACCOUNTS RECEIVABLE | <input type="checkbox"/> SWITCHBOARD | <input type="checkbox"/> DATA ENTRY |

APPLICANT CERTIFICATION

I certify that all information given on this application is true correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience and training on this application.

APPLICANT SIGNATURE	DATE
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Applicant Certification

1. Have you ever plead guilty to, been convicted of, or received probation, deferred adjudication or pre-trial diversion for any criminal offense other than minor traffic tickets? Yes No

If yes, provide information on criminal offense, date, location (city and state) and disposition.

2. Are you currently serving probation, deferred adjudication, or pre-trial diversion for any criminal offense?
 Yes No
3. Have you ever had a nursing license, or other professional license in any jurisdiction limited, suspended, revoked or partially relinquished? Yes No

I certify that that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all my work experience and training on this application.

I voluntarily give NORTHEAST MISSOURI AMBULATORY SURGERY CENTER the right to thoroughly investigate my work, educational and background history. I voluntarily give my former educators or employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation.

If employed by NORTHEAST MISSOURI AMBULATORY SURGERY CENTER, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment.

I understand that my employment is subject to a successful completion of a pre-employment physical to include a drug screen.

I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I further understand that my continued employment may be conditioned upon maintaining a favorable health evaluation. If requested, I agree to submit, at any time, to a physical examination, performed by a qualified medical doctor of Northeast Missouri Ambulatory Surgery Center's choice.

I further understand that this is an application for employment and that no employment contract is being offered: and I further understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time for any reason, and is subject to changes in wages, conditions, benefits and operating policies.

APPLICANT SIGNATURE

Date

Continuation Sheet

NEXT PREVIOUS EMPLOYER

NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

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NAME OF COMPANY		PHONE	
ADDRESS		FROM	TO
POSITION AND DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			

ADDITIONAL INFORMATION:

**DISCLOSURE OF AND AUTHORIZATION FOR
EMPLOYMENT USE OF CRIMINAL RECORD CHECK**

Northeast Missouri Ambulatory Surgery Center ("the Company") is required by the State of Missouri to obtain a criminal record check for employment or promotion purposes. This information may consist of information about information collected by criminal justice agencies on individuals consisting of arrests, prosecution, a final disposition correctional supervision, and release, felony and serious misdemeanor arrests including offender registration information as defined under 589.400 RSMo. and all alcohol and drug related traffic offenses. The Company will rely on the results of this check as a factor in determining your qualifications for employment or promotion.

Please read and sign the following:

I authorize the Company to conduct, a background investigation of me that includes obtaining a criminal record check from the Missouri State Highway Patrol. I agree that you may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing.

I authorize any parties contacted to release information to the Company or its agent(s) regarding my previous employment, criminal history, military records, driving record, drug test results, academic records, licenses and certifications, and any other information, including but not limited to a request for criminal record check from the Missouri State Highway Patrol.

I understand that the Company and its agents cannot guarantee the accuracy of any information reported to it by third parties, and I release the Company and its agents from liability for damages that arise from errors or omissions in my background investigation.

I understand that this authorization is valid for any criminal or investigative report requested at any time by the Company during the tenure of my employment.

I certify that I have voluntarily completed the Missouri State Highway Patrol Request for Criminal Record Check form and represent that the information I have provided the Company is true and accurate. I further certify that all of the information I have provided is true and complete to the best of my knowledge. I understand that if any of the information I have provided is found false or has been omitted, that such false statements or omissions may be grounds for my rejection or termination of my employment.

Name _____

Date _____

Signature _____

Please print the requested information clearly. The following questions are asked on a voluntary basis and are used solely for identification purposes in verifying background information.

Name _____
Last First MI Maiden

Address _____ City/State _____

County _____ Zip _____

Social Security # _____

Driver's License Number/State _____

Date of Birth* _____
month day year

*Date of birth is requested only to accurately retrieve records.