



PRESCOTT OUTPATIENT SURGICAL CENTER

Employment Application

POSC considers applicants for all positions without regard to race, ethnicity, religion, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For: _____

APPLICANT INFORMATION (All applicants complete this section.)										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Alt. Phone					Date Available.			Desired Salary		
Interested In	<input type="checkbox"/> Full Time Employment			<input type="checkbox"/> Part Time Employment			<input type="checkbox"/> Per Diem (On Call) Employment			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION <input type="checkbox"/> Check here and leave section blank if information is provided in an attached resume.										
High School					City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					City, State					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
MILITARY SERVICE <input type="checkbox"/> Check here and leave section blank if information is provided in an attached resume										
Branch							From	To		
Rank at Discharge							Type of Discharge			
If other than honorable, explain										
SPECIALIZED TRAINING, SKILLS, COMMUNITY ACTIVITIES, ETC. NOT LISTED ON RESUME										

REFERENCES Check here and leave section blank if information is provided in an attached resume.*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	

PREVIOUS EMPLOYMENT Check here and leave section blank if information is provided in an attached resume

Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company	Phone		
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE *(All applicants complete this section.)*

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date