



Employment Application

MILLARD FILLMORE SURGERY CENTER, LLC STATEMENT OF POLICY CONCERNING EQUAL EMPLOYMENT OPPORTUNITY

The policy of Millard Fillmore Surgery Center, LLC is to provide equal employment opportunities to all applicants and employees without regard to Race, color, religion, sex, age, national origin, disability, marital status, or status as a disabled Vietnam Era veteran and to affirmatively seek to advance the principles of equal opportunity employment. This policy extends to hiring, placement, training, compensation, benefits, upgrading, transfer, demotion, discipline, termination as well as recruitment, advertising and solicitation for employment. Millard Fillmore Surgery Center, LLC maintains a written Affirmation Action Compliance Program in Compliance with Executive Orders 11246 and 11375, the vocational Rehabilitation Act of 1973 and the Vietnam Veterans Readjustment Act of 1974.

APPLICATION ACKNOWLEDGMENT

If requested by Millard Fillmore Surgery Center, LLC, in connection with this application, I will take a physical examination, which may include one or more drug screening tests. I agree that the examining authority may disclose the findings of these examinations to Millard Fillmore Surgery Center, LLC and that my initial employment is conditioned upon meeting the requirements of that examination as established by Millard Fillmore Surgery Center, LLC.

In consideration of my employment, I agree to conform to the rules and the regulations of Millard Fillmore Surgery Center, LLC. Except as may be provided in a collective bargaining agreement, my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of either Millard Fillmore Surgery Center, LLC or myself. I understand that no representative of Millard Fillmore Surgery Center, LLC except the President, has any authority to make an agreement contrary to the foregoing or to enter into any agreement for Millard Fillmore Surgery Center, LLC for any specific period of time.

I authorize Millard Fillmore Surgery Center, LLC to verify any information I have furnished in this application and to contact any references I have listed including former employers. I understand that the employer will not contact my present employer without my consent. I further authorize any educational facility, employer, or law enforcement and/or court, to permit Millard Fillmore Surgery Center, LLC and its affiliates and/or representatives, to view, copy, or be furnished with copies of all information requested for their screening of my employment application information.

I affirm that I have read this completed application, and I have not withheld any information or response to any question and that the information I have furnished is true and correct. I understand that discovery of any misrepresentation or omission of facts herein can be grounds for my immediate dismissal, regardless of when such misrepresentations or omission is discovered.

Signature of Applicant

Date

PLEASE READ CAREFULLY, PRINT ALL INFORMATION CLEARLY AND ANSWER ALL QUESTIONS

DATE

GENERAL INFORMATION

Last Name		First Name			Middle	
Present Address	Number	Street	City	State	Zip Code	Cell Phone Number
Permanent Mailing Address	Number	Street	City	State	Zip Code	Telephone Number

Please provide your e-mail address for future notification of job openings:

PERSONAL INFORMATION

Positions Applying For:	1)	Locations:	1)
	2)		2)

Circle Those Which Apply:	Full Time	Part Time	Per Diem	Temporary
Shift Preference:	1st	2nd	3rd	Date Available for Work:

How were you referred to Millard Fillmore Surgery Center, LLC? What is your salary requirement?

Please answer the following questions by placing an X by the appropriate box:

A.	YES	NO	N/A
If you are under 18 years of age, do you have a working permit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by Millard Fillmore Surgery Center, LLC?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give dates and locations:

Have you ever volunteered at Millard Fillmore Surgery Center, LLC?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please give dates and locations:
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Do you have relatives employed by Millard Fillmore Surgery Center, LLC?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, give name, relationship and location:		

If hired, can you provide proof of authorization to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
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Did you serve in the U.S. Armed Services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, name, branch, rank, training:		

B. Are you able to work:	YES	NO
Weekends?	<input type="checkbox"/>	<input type="checkbox"/>
Holidays?	<input type="checkbox"/>	<input type="checkbox"/>
Rotating?	<input type="checkbox"/>	<input type="checkbox"/>

C. Additional Skills	YES	NO	
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	Beginner (please circle one) Intermediate Advanced
Typing	<input type="checkbox"/>	<input type="checkbox"/>	WPM? Years Experience?
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	Years Experience?

List all software applications you have experience with:

List all industrial equipment operated:

EDUCATION / SKILL

SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL /			9 10 11 12		
GED					
COLLEGE			1 2 3 4		
GRAD/TRADE			1 2 3 4		
TECH					

PROFESSIONAL LICENSES AND/OR CERTIFICATES

ARE YOU CURRENTLY:	REGISTERED	LICENSED	CERTIFIED
Type	State Issued	Expiration Date	#
Type	State Issued	Expiration Date	#
Type	State Issued	Expiration Date	#
ELIGIBLE FOR:	REGISTRATION	LICENSURE	CERTIFICATION
Type	State Issued	Expiration Date	#
Type	State Issued	Expiration Date	#
Type	State Issued	Expiration Date	#

TO BE COMPLETED BY ALL APPLICANTS FOR POSITIONS REQUIRING PROFESSIONAL LICENSE:

Are there any professional misconduct proceedings, peer review type proceedings or malpractice actions pending wherein you are a party in New York State or any other state in any other country? Yes No

Have any judgements, settlements, findings, decisions, or any other determinations of any kind whatsoever been entered or made in any Professional misconduct proceeding, peer review type proceeding or malpractice action wherein you were a party in New York State or any other state or country? Yes No

Has your license to practice your profession in any jurisdiction ever been suspended, restricted, terminated, curtailed, revoked, or not renewed? Yes No

If the answer to any or all of the above questions is YES, please attach a statement of details.
An affirmative response to any of the foregoing questions is not an absolute bar to employment at Millard Fillmore Surgery Center, LLC.

PREVIOUS EXPERIENCE

List name, address and phone number of previous employers with most recent employer first. If more than three, please attach additional list.	From Month/Year	To Month/Year	Immediate Supervisor
Previous Employer:			
Address:			
City/State/Zip:			
Phone Number:			
Job Title:			
Duties/Responsibilities:			
Reason for Leaving:			
Previous Employer:			
Address:			
City/State/Zip:			
Phone Number:			
Job Title:			
Duties/Responsibilities:			
Reason for Leaving:			
Previous Employer:			
Address:			
City/State/Zip:			
Phone Number:			
Job Title:			
Duties/Responsibilities:			
Reason for Leaving:			

PLEASE STATE IF YOU DO NOT WANT US TO CONTACT ANY OF THE ABOVE FORMER EMPLOYERS AND THE REASON YOU DO NOT WANT THEM CONTACTED.

REFERENCES

(List two persons who are not relatives; include former supervisors, teachers, advisors)

NAME	ADDRESS (Street, City, State, Zip)	COMPANY/OCCUPATION	TELEPHONE