

**MASON CITY SURGERY CENTER
APPLICATION FOR EMPLOYMENT**
An Equal Opportunity Employer
990 4th Street SW Mason City, Iowa 50401

Applicants are considered without regard to race, color, religion, sex, national origin, age, disability, sexual orientation and gender identity or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Name:

_____ Last _____ First _____ Middle _____

Address: _____

_____ Number _____ Street/PO _____ City _____ State _____ Zip Code _____

Phone: (____) _____ Email: _____ Social Security Number: ____/____/____

Date of application: ____/____/____ Position(s) Applied For: _____

Referral Source: Advertisement ____ Friend ____ Employee ____ Relative ____ Walk-In ____ Private Agency ____ Other ____

Name of Source (if applicable) _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No May we contact your present employer? Yes No

May we contact you at work? Yes No If yes, work number and best time to call (____) _____ Time _____ AM/PM

Have you ever been convicted or pled guilty to a crime, other than a traffic violation? (Conviction will not be an absolute bar to employment)
Yes No.

On what date would you be available for work? ____/____/____ Expected salary: _____

Are you available to work: _____ Full-Time _____ Part-Time _____ Temporary

Will you work overtime if required: Yes No

Will you travel if job requires it? Yes No

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, age, national origin, disability). _____

EDUCATION

School:	Name and Address	Circle Last Year Completed	Course Of Study	Did You Graduate?	Diploma or Degree	Comments
High School	_____	1 2 3 4	_____	_____	_____	_____

College	_____	1 2 3 4	_____	_____	_____	_____

College	_____	1 2 3 4	_____	_____	_____	_____

Technical, Business or Professional	_____	1 2 3 4	_____	_____	_____	_____

Has your professional license ever been suspended, conditioned or revoked in any state? ____ Yes ____ No (If yes, explain)

Please list all states where you have been licensed or certified:

Professional Licenses/Certifications:

Type	State	Exp. Date	Registration No.

EMPLOYMENT EXPERIENCE

Start with your present or last job and include employment for the last 10 years. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, age, disability or national origin.

Employer:	Dates Employed	Summarize the nature of the work performed:		
Telephone () _____				
Address	From			To
Job Title	Hourly Rate/Salary			
	Start:			Final:
Immediate Supervisor/Title:				
Reason for Leaving:				
May we contact for reference? Yes No Later				
Employer:	Dates Employed	Summarize the nature of the work performed:		
Telephone () _____				
Address	From			To
Job Title	Hourly Rate/Salary			
	Start:			Final:
Immediate Supervisor/Title:				
Reason for Leaving:				
May we contact for reference? Yes No Later				

REFERENCES

List Names and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

State any additional information you feel may be helpful to us in considering your application or comments. _____

APPLICANT'S STATEMENT

I understand and agree that any misrepresentation by me in this application will be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Company. Furthermore, if I am hired, I understand that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no such employment relationship must be made in writing and signed by an authorized representative of the Company.

I understand that if you make an offer of employment to me it may be a conditional offer of employment. I may be required to submit to a pre-employment medical exam, to provide information in response to your medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.

I understand that I may be requested to submit to a test to detect the current illegal use of drugs, and if the test results identify that I am a current illegal use of drugs I will not be eligible for employment by the Company. I further understand that I have the right to refuse to submit to such tests of my own free will.

I authorize the Company to make a thorough investigation of my past employment, education and job-related activities. To the extent permitted by law, I release the Company from any liability which might result from making such investigation and I also release from any liability all persons and entities supplying such information.

I acknowledge that the Company is an equal opportunity employer and that the Company does not discriminate in employment. I understand that no question on this application is used for the purpose of limited or excluding the Company's consideration of me for employment on a basis prohibited by federal, state or local law, nor is it used by the Company for the purpose of attempting to obtain information prohibited by federal, state or local law.

I understand that the Company will consider this application to contain current information for a period of only sixty (60) days. At the expiration of sixty (60) days, if I have not heard from the Company and if I still desire to be considered for employment I understand that it will be necessary for me to complete a new application.

Signature _____ Date _____