

# SurgiCenter of Norfolk

## APPLICATION FOR EMPLOYMENT

IT IS THE POLICY OF SOLARA SURGICAL PARTNERS TO ENSURE AND PROMOTE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL PERSONS EMPLOYED OR SEEKING EMPLOYMENT WITH THIS COMPANY WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, GENETIC INFORMATION OR DISABILITY.

Positions(s) desired: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Other names under which you have worked: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Home/Message \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email: \_\_\_\_\_ Do you have unrestricted authorization to work in the U.S.  Yes  No

If no, please explain: \_\_\_\_\_

*If hired, you will be required to provide proof of eligibility*

## EMPLOYMENT INTERESTS

Date Available for Employment: \_\_\_\_\_ Type of Position Preferred: \_\_\_\_\_ Full Time \_\_\_\_\_ PRN \_\_\_\_\_ Temporary

Shift Preferred: (indicate 1st, 2nd, 3rd) \_\_\_\_\_ Days \_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_ 8 hour shifts \_\_\_\_\_ 12 hour shifts

Hours per week desired: \_\_\_\_\_ Are you available for weekend work?  Yes  No

Have you previously been employed by the company:  Yes  No If yes, please complete the following:

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Location: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name while employed if different from current name: \_\_\_\_\_

## CRIMINAL HISTORY

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any offense other than a minor traffic violation?  Yes  No

If yes, please explain fully: \_\_\_\_\_

Are you charged with an unresolved criminal charge: (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)  Yes  No

If yes, please explain fully: \_\_\_\_\_

Have you ever been discharged (terminated, laid-off, etc) from a job?  Yes  No

If yes, please explain fully: \_\_\_\_\_

*Note: Answering yes to these questions does not automatically disqualify you for employment. The nature and date and the type of job for which you are applying will be considered.*

## EDUCATION

Circle year of highest level of education completed:

Elementary  
4 5 6 7 8

High School  
9 10 11 12

College  
1 2 3 4 4 +

Please complete the following for those schools/programs you attended which awarded you a degree, licensure, or certification, or made you eligible for such or any schools/programs you are currently attending:

School Name

City

State

Degree/Certification Issued

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### LICENSURE/REGISTRATION

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Please list any professional licenses, certifications or registrations which have been issued to you:

<u>Name of license/certification/registration</u>	<u>Number</u>	<u>Year Issued</u>	<u>Current</u>	<u>Expiration Date</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Has your license(s), certification(s) or registration(s) ever been subject to disciplinary action (suspension or revocation)?

Yes No If yes, please explain fully: \_\_\_\_\_

Are you under any investigation which could result in disciplinary action with respect to your license(s), certification(s) or registration(s)? Yes No If yes, please explain fully: \_\_\_\_\_

### JOB RELATED SKILLS

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\_\_\_\_\_ Typing Speed: \_\_\_\_\_      \_\_\_\_\_ Transcription from dictating equipment      \_\_\_\_\_ Medical Terminology

**Software Skill Level**      N = Novice P = Proficient E = Expert

Microsoft Word	N	P	E	Microsoft Access	N	P	E
Microsoft Excel	N	P	E	Microsoft Outlook	N	P	E
Microsoft PowerPoint	N	P	E				

Other: \_\_\_\_\_

Please list any other job related skills that apply to the position(s) for which you are applying:

Are you able to perform the essential functions of the job for which you are applying (with or without Reasonable Accommodation)?

Yes No If there is an accommodation which would allow you to perform the functions of the job, please describe how you would perform those functions with and without that accommodation: \_\_\_\_\_

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### REFERRAL SOURCE

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To assist us with our recruitment efforts, we track the source of our applicants. Certain types of referral sources are not given preference over others. Please indicate which referral source most influenced your decision to apply for employment with us.

Please select only one:

Newspaper      Journal Ad      Career Directory      Internet Site      Website      Reputation of Company

School Recruitment       Job Fair/Convention

Current company employee - Employee's Name: \_\_\_\_\_

List any relatives currently employed by the company: \_\_\_\_\_

### EMPLOYMENT HISTORY

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Starting with your current or most recent position, please list previous employment, including self-employment and military service. Do not omit work experience because it may be unrelated to the job for which you are applying. **Resumes are welcome but are not a substitute for this section.**

Company Name \_\_\_\_\_  Full Time  Part Time  PRN

Dates: (Month and Year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name \_\_\_\_\_  Full Time  Part Time  PRN

Dates: (Month and Year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name \_\_\_\_\_  Full Time  Part Time  PRN

Dates: (Month and Year) \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Your Position: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please provide the requested contact information for four career references:

1. Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ City/State \_\_\_\_\_
2. Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ City/State \_\_\_\_\_
3. Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ City/State \_\_\_\_\_
4. Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Name \_\_\_\_\_ City/State \_\_\_\_\_

**ATTESTATION**

I state that the information contained on this application is true and correct. I understand that omission, misrepresentation, or falsification of information is grounds for withdrawal of any job offer, or for immediate discharge. I understand that employment is contingent upon receipt of

satisfactory references, post job offer Drug and Alcohol Testing, education and licensure verification and proof of identity and authorization to work in the Unites States.

I UNDERSTAND THAT MY EMPLOYMENT IS AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR ME. I UNDERSTAND THAT THIS APPLICATION IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT AND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH THE COMPANY.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO URINE TESTING PRIOR TO EMPLOYMENT, AND RANDOM AND AS-NEEDED TESTING THEREAFTER IN ORDER TO MAINTAIN A DRUG FREE WORKFORCE AND WORKPLACE. I ALSO UNDERSTAND THAT SHOULD MY DRUG/ALCOHOL TEST COME BACK POSITIVE, I CANNOT REAPPLY TO WORK FOR SOLARA SURGICAL FOR A MINIMUM OF SIX MONTHS.

I have made application for employment at the company and authorize my current and former employers and schools to release to the company all information in accordance with your organizational policy. In consideration thereof, I also release you, my former (or current) employer, schools and your agents, from any and all liability, claim, damage or cause of action which may arise directly or indirectly from or out of compliance with, this request.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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As part of the Company's review of your application, the Company may view and/or access publicly available information about you, including information publicly available on the internet, that is job-related and consistent with the merit system principles and prohibited personnel practices set forth in the Civil Service Reform Act, 5 U.S.C. 2301, 2302. No information from any source may be used to discriminate for or against an applicant based on race, color, national origin, gender, age, political affiliation, religion, disability, marital status, sexual orientation, gender identity, status as a parent, genetic information, membership or non-membership in an employee organization.