

This application will be effective for 180 days. Applicants must reapply thereafter if they wish to be considered for employment after this 180-day period expires.

RIVERPOINTE SURGERY CENTER

PLEASE READ BEFORE FILLING OUT THIS APPLICATION

RiverPointe Surgery Center does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, political affiliation or handicap. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Please answer every question.

(Ms)	_____			(Email Address)
(Mrs)	_____			(Social Security Number)
(Miss)	_____			(Date)
(Mr)	(First)	(Middle)	(Last)	
Address _____				(Telephone Number)
	(Number)	(Street)		
_____		(State)	_____	
(City)			(Zip)	

Have you worked for RiverPointe Surgery Center before? No () Yes (); if so, date left _____

If under a different name, state name _____

Are you applying for Full-time? _____ Part-time? _____ Temporary? _____

Specify shift and/or hours _____ Date available for Work? _____

Position Applied for _____ Salary Requirements _____

List any relative employee here (this information will be used only for job assignment).

_____	_____	_____
(Name)	(Relationship)	(Department)
_____	_____	_____
(Name)	(Relationship)	(Department)

Professional Licenses, Registrations, and/or Certifications

Type _____	State Issued _____	Exp. Date _____	No. _____
Type _____	State Issued _____	Exp. Date _____	No. _____

Membership in Professional/Technical Organizations? _____

EMPLOYMENT RECORD

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer and part-time jobs.

Name and Address of Former Employer	Dates Employed		Salary		Position & Duties	Reason for Leaving
	From Mo. & Yr.	To Mo. & Yr.	Starting	Leaving		
Company Name Number & Street City & State Zip	Tel. No.	Supervisor's Name				
Company Name Number & Street City & State Zip	Tel. No.	Supervisor's Name				
Company Name Number & Street City & State Zip	Tel. No.	Supervisor's Name				
Company Name Number & Street City & State Zip	Tel. No.	Supervisor's Name				

If you need more space, please continue on a separate sheet.

If presently employed, why do you desire to change your position? _____

If you are now employed, may we contact your present employer? Yes No

Have you ever been convicted of a crime other than minor traffic offenses? Yes No

If so, please explain. _____

(A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.)

UNEMPLOYMENT RECORD

Account for all periods of unemployment of 2 weeks duration or more since you left school until the present time.

From		To		State What You Were Doing
Mo	Yr	Mo	Yr	
Mo	Yr	Mo	Yr	
Mo	Yr	Mo	Yr	
Mo	Yr	Mo	Yr	
Mo	Yr	Mo	Yr	

EDUCATION

Name	Address	City	State	Major	Circle last year Completed	Month last year Graduated	Degree
Elementary							
Jr. High							
High School or Prep.					1 2 3 4		
Business School					1 2 3 4		
College					1 2 3 4		
Graduate Work					1 2 3 4		
Nursing School					1 2 3 4		
Technical School					1 2 3 4		

Special Skills: Typing _____ wpm; Shorthand _____ wpm; Dictaphone Yes No; Medical Terminology Yes No
 Yes
 Word Processing No (List Programs) _____
 Other Skills _____

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? () Yes () No () Day School () Night School

If so, when, where, and what courses: _____

STATISTICAL INFORMATION

How did you learn about this position?

_____ Walk-In _____ Indiana Employment Security Division _____ Professional Journal (Which One?) _____

_____ Referred by RiverPointe Surgery Center Employee. If Answered Yes. Please State By Whom? _____

_____ Recruiting Bulletin Board (Which One?) _____

_____ Newspaper Ad (Which One?) _____

_____ Other-Please Specify _____

In case of accident or other emergency, who is the first person we should contact?

Name _____ Relationship _____ Telephone _____
(Home)

Address _____
(Number) (Street) (City) (State)

Work _____
(City) (State) (Telephone)

REFERENCES: Please List Two Personal References (Do Not Include Relatives).

Name _____

Address _____
(Number) (Street) (City) (State) (Zip)

Occupation: _____ Telephone Number: _____
(Area Code)

Years Known: _____

Name _____

Address _____
(Number) (Street) (City) (State) (Zip)

Occupation: _____ Telephone Number: _____
(Area Code)

Years Known: _____

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask before signing.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by RiverPointe Surgery Center. I also understand that, if hired, my employment is for no definite period of time and may be terminated at any time without notice and that, absent a written contract signed by the Executive Director of the RiverPointe Surgery Center, I will remain an at-will employee and can be terminated at any time without any notice. My at-will status will not change with any future changes in compensation or responsibilities.

I authorize the RiverPointe Surgery Center to make such investigations and inquiries of my personal, employment or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and all persons from all liability in responding to inquiries in connection with my application.

I also understand that I am required to abide by all rules and regulations of the RiverPointe Surgery Center. In addition, I agree and understand that my employment at the RiverPointe Surgery Center is contingent upon successful completion and review of the results of my preemployment physical examination or medical tests.

Signature of Applicant

Date