

U.S Armed Forces _____

Secretarial, Clerical, and Office Applicants Only

Can you Type? _____ Speed (wpm) _____

Take Dictation? _____ Speed (wpm) _____

Can you use a Calculator? _____

Do you know medical terminology? _____

What are your computer skills? _____

List any other qualifications you have which you feel are related to this position _____

Employment History (list last or present position first)

Company Name: _____

Address: _____

City/State/Zip: _____

Supervisor: _____ Phone number: () _____

Dates of Employment: _____ To: _____ Salary: _____

Position and Duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Supervisor: _____ Phone number: () _____

Dates of Employment: _____ To: _____ Salary: _____

Position and Duties: _____

Reason for leaving: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Supervisor: _____ Phone number: () _____

Dates of Employment: _____ To: _____ Salary: _____

Position and Duties: _____

Reason for leaving: _____

If your former employment references are under a name other than indicated on application please list: ____

Use this space to list at least two personal business references not related to you, who have known you at least one year (List name, phone number, address, business):

General

Are you eligible to work in the United States? _____

If not a U.S. Citizen, identify your status _____

Have you been charged with committing any felonies within the last 7 years. Yes No

If your answer is yes, please explain the charges, and the disposition or status of the charges.

Read Careful before Signing (It is our policy to bond all employees)

1. All facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, any false statement on this application will be grounds for dismissal.
2. I authorize Rivertown Surgery Center to investigate all facts contained in this application and any references I provide and all information concerning my previous employment positions and any pertinent information that Rivertown Surgery Center may have, personal or otherwise, and I release all parties from any and all liability for any damages that may result from any person furnishing information to Rivertown Surgery Center. I understand that this Consent authorizes my former employers to respond fully to questions asked by Rivertown Surgery Center regarding my previous employment.
3. Should I desire to leave your employ, I agree to give my written resignation two (2) weeks prior to my termination date, if possible.
4. At no time, whether I am an employee or not, will any information regarding patients be disclosed to anyone unless I have the permission of Rivertown Surgery Center.
5. **I understand that if employed, my employment is at will, and that either party is free to terminate the employment relationship at any time without cause and without notice.**

Signature: _____

Date: _____

I hereby authorize Rivertown Surgery Center to perform a background and pre-employment check.

Signature

Date

Witness