



Today's Date: _____
 Position Sought: _____
 How did you learn about the position? _____

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

DEMOGRAPHIC INFORMATION:

Name: _____
 Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____ If under 18, please list age: _____
 Address: _____ City _____ State _____ Zip _____
 Primary Phone Number: _____ Office Phone Cell Phone Other
 Email Address: _____

AVAILABILITY:

What date would you be available to start working? _____ Desired Wage/Salary \$ _____
 Employment desired? FULL-TIME PART-TIME EITHER PRN
 Days/Hours available to work: No Preference M _____ T _____ W _____ Th _____ F _____
 Are you authorized to work in the U.S. for any employer, without restrictions? Yes No
 Have you ever been convicted of a felony? Yes No If yes, describe circumstances: _____
 If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No
 Do you have an active Driver's License? Yes No Do you have a dependable transportation to work? Yes No
 Driver's license number _____ State of issue _____ Expiration date _____
 Have you ever been in the armed forces? Yes No Are you currently a member of the National Guard? Yes No
 If yes, Specialty _____ Date Entered _____ Discharge Date _____
 Have you worked for Southeast Lung in the past? Yes No If yes, when _____

EDUCATION: (list all prior education)

High School:

Name of School: _____
 Address _____ City _____ State _____ Zip _____
 Graduation Year: _____ Degree/Major: _____
 Specify the name you used at graduation (if different from name listed above): _____

College/University:

Name of School: _____
 Address _____ City _____ State _____ Zip _____
 Graduation Year: _____ Degree/Major: _____
 Specify the name you used at graduation (if different from name listed above): _____

Business or Trade School:

Name of School: _____
 Address _____ City _____ State _____ Zip _____
 Graduation Year: _____ Degree/Major: _____
 Specify the name you used at graduation (if different from name listed above): _____

Professional School:

Name of School: _____
 Address _____ City _____ State _____ Zip _____
 Graduation Year: _____ Degree/Major: _____
 Specify the name you used at graduation (if different from name listed above): _____

Are you a certified Texas Surgical Assistant? Yes No

List any other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT (list all previous employer over the past 7 years)

(Most Recent First)

1. Employer: _____ Job Title: _____
Employment Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Direct Supervisor (list full name): _____
Duties Performed: _____ Salary: \$ _____
Reason for Leaving _____
If you are still employed, may we contact this employer at this time? Yes No

2. Employer: _____ Job Title: _____
Employment Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Direct Supervisor (list full name): _____
Duties Performed: _____ Salary: \$ _____
Reason for Leaving _____
If you are still employed, may we contact this employer at this time? Yes No

3. Employer: _____ Job Title: _____
Employment Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Direct Supervisor (list full name): _____
Duties Performed: _____ Salary: \$ _____
Reason for Leaving _____
If you are still employed, may we contact this employer at this time? Yes No

REFERENCES: (list three business references we may contact to learn about your general reputation)

1. Name: _____ Phone: _____
Business: _____ Years Acquainted: _____
2. Name: _____ Phone: _____
Business: _____ Years Acquainted: _____
3. Name: _____ Phone: _____
Business: _____ Years Acquainted: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date