

As part of the application process, Tomoka Surgery Center may conduct background checks on applicants

**Equal Opportunity Employer:** It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

<b>PLEASE TYPE OR PRINT IN INK</b>			Today's Date
Name			Social Security Number
Address			How Long?
City			State <span style="float:right">Zip Code</span>
Daytime Telephone ( ) ( ) ( )	Home Telephone ( ) ( ) ( )	Cell Telephone ( ) ( ) ( )	E-mail Address

Position for which you are applying:

Check the following options you would consider <input type="checkbox"/> part time <input type="checkbox"/> full time <input type="checkbox"/> temporary	If part time, specify hours or days	What is your minimum salary requirement?
Date available to work:		

Do you have any commitments to another employer that might affect your employment with us?

**Education & Training**

	School Name	City and State	Degree/Diploma Major Course of Study	Degree Received?
<b>High School/GED</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Graduate School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Trade School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job:

Professional License/ Certification#	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/ Certification#	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: \_\_\_\_\_ Read/write: \_\_\_\_\_

Do you have a valid driver's license in this state?       Yes    No

Military experience?  Yes    No    If yes, what branch: \_\_\_\_\_ Rank at separation: \_\_\_\_\_

**General Information**

Can you, after employment, submit verification of your legal right to work in the United States?       Yes    No

Are you 16 years of age or older? If under 18, state age \_\_\_\_\_       Yes    No

Were you previously employed by Tomoka Surgery Center? If yes, give date \_\_\_\_\_       Yes    No

List any relatives working for Tomoka Surgery Center: \_\_\_\_\_

Can you perform the essential functions of the job?       Yes    No

Do you require any accommodation to perform the essential functions of the job?       Yes    No

If yes, explain: \_\_\_\_\_

**Employment History**

List all work experience beginning with the present or most recent job (use back of application , if necessary).

Name of Employer	Type of Business
Address City	State Zip Code
Dates Employed (from-to)	Title
Name and Title of Supervisor	Telephone Number ( )
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> part time <input type="checkbox"/> full time
Brief Description Of Duties	
Reason for Leaving	Last Salary \$

Name of Employer	Type of Business
Address City	State Zip Code
Dates Employed (from-to)	Title
Name and Title of Supervisor	Telephone Number ( )
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> part time <input type="checkbox"/> full time
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May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> part time <input type="checkbox"/> full time
Brief Description Of Duties	
Reason for Leaving	Last Salary \$

Name of Employer	Type of Business
Address City	State Zip Code
Dates Employed (from-to)	Title
Name and Title of Supervisor	Telephone Number ( )
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Employment <input type="checkbox"/> part time <input type="checkbox"/> full time
Brief Description Of Duties	
Reason for Leaving	Last Salary \$

**Business References**

(List three individuals, in addition to listed employment references, known to you for at least three years)

Name	Occupation/Association	Telephone
1.		( )
2.		( )
3.		( )

**Person to be notified in case of emergency:**

Name	Telephone		
	( )		
Address	City	State	Zip Code

**Additional Information**

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, article/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

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During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500.00, or a felony? (Answering "yes" is not an automatic bar to employment but will be considered in relation to specific job requirements.)  Yes  No

If "yes", explain:

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Have you been convicted of a crime (excluded minor traffic cases, include DUIs)?  Yes  No

If "yes", describe:

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Are criminal charges now pending against you?  Yes  No

If "yes", describe:

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**Agreement** (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Tomoka Surgery Center all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and releases all parties, such persons and Tomoka Surgery Center from liability for any damage that may result from furnishing same to Tomoka Surgery Center.

I understand that Tomoka Surgery Center has agreed to provide worker's compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Tomoka Surgery Center's worker's compensation insurance policy.

If employed by Tomoka Surgery Center, I agree to abide by the policies and procedures of Tomoka Surgery Center, which includes Tomoka Surgery Center's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretions of Tomoka Surgery Center or myself. I further understand that no manager or representative of Tomoka Surgery Center or the Board has any authority to enter into any agreement, oral or written, on behalf of Tomoka Surgery center for a term of employment or to make any assurance or promise of continued employment.

I understand that Tomoka Surgery Center may obtain a consumer and /or investigate consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, and mode of living, work experience and performance, along with reasons for terminations of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and / or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Tomoka Surgery Center as part of the pre-employment background investigation and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Tomoka Surgery Center for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature	Date
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