

# Arundel Ambulatory Surgery Center

621 Ridgley Avenue, Suite 401 Annapolis, MD 21401

Tel. 410 – 224-2811

Fax 410-224-4434

## Application for Employment

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

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Telephone Number ( ) \_\_\_\_-\_\_\_\_ Alternate or Cellular Telephone Number ( ) \_\_\_\_-\_\_\_\_

Present Address \_\_\_\_\_  
Street, Apartment, or Unit Number

\_\_\_\_\_ How long have you lived there \_\_\_\_/\_\_\_\_  
City State Zip Years/Months

Previous Address \_\_\_\_\_  
Street, Apartment, or Unit Number

\_\_\_\_\_ How long have you lived there \_\_\_\_/\_\_\_\_  
City State Zip Years/Months

Desired Salary/Hourly Rate \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes\_\_\_ No

Type of employment desired? Full-time\_\_\_ Part-time\_\_\_ (Specify Hours) \_\_\_\_\_ PRN

Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes\_\_\_ No\_\_\_

If yes, when and where did you apply? \_\_\_\_\_

# Arundel Ambulatory Surgery Center

Have you ever been employed by this Company? Yes\_\_\_ No\_\_\_ If Yes, provide dates of employment, location, and reason for separation from employment.

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Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above? Yes\_\_\_ No\_\_\_

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes\_\_\_ No\_\_\_

Have you ever initiated an act of violence in the workplace? Yes\_\_\_ No\_\_\_

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

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List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools or machines, etc.)

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Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

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**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
Telephone (____) ____ - ____	Dates Employed From ____/____/____	To ____/____/____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? Yes__ No__	If No, why not? _____
Wages Start _____	Final _____	Reason for leaving _____
What will this employer say was the reason your employment terminated? _____		

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Employer

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Wages Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		

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## REFERENCES

Please list the names of additional **work-related references** we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (i.e., Supervisor, Co-worker)	Telephone

Please list the names of **personal references** (not previous employers or relatives) who know you well that we may contact:

Name	Occupation	Address	Telephone	Number of Years Known

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- Nursing License/other license or certification(s)
- BLS, ACLS, PALS certifications
- Hepatitis B Vaccination Form/Titer
- PPD Testing
- Influenza Vaccination

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

# Arundel Ambulatory Surgery Center

## Direct Deposit Form

I authorize my employer to deposit my wages/salary to the following bank account(s):

Bank Account #1  Checking  Saving

Bank Name \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Router # \_\_\_\_\_

Bank Account #2  Checking  Saving

Bank Name \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Router # \_\_\_\_\_

I wish to deposit (check one): I wish to deposit (check one):

Entire Net Pay

\_\_\_\_ % of Net

Specific Dollar Amount \$ \_\_\_\_\_.00

Entire Net Pay

\_\_\_\_ % of Net

Specific Dollar Amount \$ \_\_\_\_\_.00

***Please attach one of the following (check one): Please attach one of the following (check one):***

Voided check (deposit slips are not accepted)

Bank letter or specification sheet

Voided check (deposit slips are not accepted)

Bank letter or specification sheet

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

## Arundel Ambulatory Surgery Center

### Drug Screening Consent Form

I, \_\_\_\_\_ have applied for employment with Arundel Ambulatory Surgery Center as a \_\_\_\_\_.

This position requires me to have a Drug Screening upon request

- as part of an employment process with a new position being filled.
- as part of a company policy for employees to be randomly be tested without formal written notice.

I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Arundel Ambulatory Surgery Center for employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained for screening purposes to conduct such screening and to provide the results to AASC, Inc. and I release any person affiliated with AASC, Inc. and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

## Arundel Ambulatory Surgery Center

### Emergency Contact Information

**Name:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In the event of an emergency, I, the undersigned employee, authorize Arundel Ambulatory Surgical Center, to contact the following person(s):

<b>Contact #1 Name:</b>	<b>Phone (H):</b>
<b>Address:</b>	<b>Phone (W):</b>
<b>Relationship to Employee:</b>	<b>Other method of contact:</b>
<b>Contact #2 Name:</b>	<b>Phone (H):</b>
<b>Address:</b>	<b>Phone (W):</b>
<b>Relationship to Employee:</b>	<b>Other method of contact:</b>

\_\_\_\_\_  
Employee Signature

## **Arundel Ambulatory Surgery Center**

### **EMPLOYEE ACKNOWLEDGEMENT FORM**

The employee handbook describes important information about this office, and I understand that I should consult my manager regarding any questions not answered in the handbook. I have entered into my employment relationship with the organization voluntarily and acknowledge that there is no specified length of employment. Accordingly, either this organization or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions may occur, except to the policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only Arundel Ambulatory Surgery Center has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies, and any revisions made to it.

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EMPLOYEE'S SIGNATURE

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DATE

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EMPLOYEE'S NAME (TYPED OR PRINTED)

# Arundel Ambulatory Surgery Center

## Employment Screening Policy

As part of the process of weighing an applicant's qualifications and determining his or her suitability for open positions, Arundel Ambulatory Surgery Center requires background checks for all finalists for a position.

All applicants for employment with Arundel Ambulatory Surgery Center are asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form will not be eligible for employment. Applicants also are expected to provide references from their former employers as well as educational reference information that can be used to verify academic accomplishments and records.

Employment screening assessments to determine an applicant's job fit are also required of all applicants for employment with Arundel Ambulatory Surgery Center. Skills tests related to the demands of the job may also be required.

Background checks will include verification of information provided on the completed application for employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes, but is not limited to, social security number and previous addresses. Arundel Ambulatory Surgery Center will also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above.

The background check may also include a criminal record check. If a conviction is discovered, a determination will be made whether the conviction is related to the position for which the individual is applying or would present safety or security risks before an employment decision is made.

If an applicant is denied employment wholly or partly because of information obtained in an employment check conducted by the company's consumer reporting agency, the applicant will be informed of this and given the name, address and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

Any applicant who provides misleading, erroneous or willfully deceptive information to Arundel Ambulatory Surgery Center on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with Arundel Ambulatory Surgery Center.

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

