

# 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? \_\_\_\_\_

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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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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.

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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

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

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

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