

**APPLICATION
FOR EMPLOYMENT**

**The Pain Rehabilitation Group of Wichita Falls, PA
Maplewood Ambulatory Surgery Center, Inc**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (AM PM) <input type="checkbox"/> PRN	Date of Application
Call you travel on short notice if a job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently on "lay-off" status & subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO
How Did you Learn About Us? <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative	

Last Name	First Name	Middle Initial
Address	Number	Street
	City	State
	Zip	
Home phone #	Cell phone #	Social Security #
E-Mail address		

Best time to contact you at home is	<input type="checkbox"/> AM	<input type="checkbox"/> PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do any of your friends or relatives work here?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently employed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
May we contact your current employer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (<i>Proof of citizenship or immigration status will be required upon employment</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a felony, including pleas of "guilty" or "no contest"? IF YES, give details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If any other educational or employment records are under another name other than given above, please provide other name:		

Date available for work:	Desired Salary Range:
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EDUCATION

School Name (High School / College / Trade School)	Years Attended	Did you graduate? (√)	Field of Study
Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Rank	Branch	# Yrs

SPECIALIZED SKILLS

Computer knowledge? <input type="checkbox"/> YES <input type="checkbox"/> NO	Software experience:
Typing speed (words per minute):	
Specialized Training:	
Languages spoken:	

PRIOR EMPLOYMENT

Employer	Address
Telephone #	Supervisor
Start/End Dates:	Beginning Salary: End Salary:
Position/Duties:	Reason for leaving

Employer	Address
Telephone #	Supervisor
Start/End Dates:	Beginning Salary: End Salary:
Position/Duties:	Reason for leaving

Employer	Address
Telephone #	Supervisor
Start/End Dates:	Beginning Salary: End Salary:
Position/Duties:	Reason for leaving

Employer	Address
Telephone #	Supervisor
Start/End Dates:	Beginning Salary: End Salary:
Position/Duties:	Reason for leaving

REFERENCES

Give below the names of THREE references NOT related to you whom you have known at least one (1) year:

NAME	ADDRESS/PHONE #	OCCUPATION	YEARS KNOWN

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

AUTHORIZATION

“I authorize that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also agree investigation of and release of any information relating to my background from individuals, schools, criminal, governmental agencies, financial institutions, credit bureaus, licensing agencies or other sources of information in accordance with laws for purposes of making a determination of my suitability or eligibility for employment. If asked, I consent to a drug screen as a condition of employment.

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 I am required to abide by all rules and regulations of the employer.”

SIGNATURE OF APPLICANT: _____

DATE: _____