

# TAMPA OUTPATIENT SURGICAL FACILITY

## Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position(s) applied for or type of work desired: \_\_\_\_\_ Date: \_\_\_\_\_

Type of employment desired:      Full time                      Part time                      Temporary

Date you are available to start work: \_\_\_\_\_ Minimum salary requirement: \_\_\_\_\_

Have you ever been previously employed by our organization: \_\_\_\_\_ If yes, when: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_ If you are under 18, can you furnish a work permit? YES NO

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other phone nos.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Citizenship: Legal US Citizen      Resident Alien      Visa

### EMPLOYMENT HISTORY:

Please provide all employment information for your past four employers, starting with the most recent.

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Immediate Supervisor and Title: \_\_\_\_\_

Dates of employment:      From:                      To:                      Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact them? YES NO

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Immediate Supervisor and Title: \_\_\_\_\_

Dates of employment:      From:                      To:                      Salary: \_\_\_\_\_

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Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Immediate Supervisor and Title: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact them? YES NO

**SERVICE RECORD:** Have you ever served in the U.S. Armed Forces? YES NO

Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Were you honorably discharged: YES NO If no, please explain: \_\_\_\_\_

Are you presently a member of the National Guard of Reserve: YES NO

**LICENSES:** Please list any licenses that you hold at present and if any sanctions or limitations please indicate

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Professional Licenses: Type: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Other: \_\_\_\_\_

**EDUCATIONAL HISTORY:** List school name and location, years completed, course of study and any degrees earned.

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

### MISCELLANEOUS:

Do you speak any foreign languages? YES NO Type: \_\_\_\_\_

Do you have any other skills or training that would be pertinent to your employment?: YES NO Please explain: \_\_\_\_\_

Are there any limitations that would preclude you from performing the essential functions of the job for which you have applied?

YES NO If yes, please explain: \_\_\_\_\_

Are there any accommodations that Tampa Outpatient Surgical Facility could make for you? YES NO

Have you ever been convicted of a felony: YES NO

If yes, please explain and include type of offense, date and jurisdiction: \_\_\_\_\_

**REFERENCES:** List three reference names, telephone numbers and years known (do not include relatives or employers)

In case of emergency notify: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TAMPA OUTPATIENT SURGICAL FACILITY**  
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I hereby authorize the potential employer to contact, obtain and verify the accuracy of information contained in this application from all previous employer, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I also consent to a criminal background check consistent with all federal and state laws.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. According, either I or the employer 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.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand and agree that if a job offer is extended to me, I may be required consistent with legal and business reasons, to take one or more specific tests (i.e. physical examination, etc.) as a condition of hire or continued employment. I agree to take such test(s) at such time as designated the facility and to release the facility, its doctors, officers, agents or employees from any claim arising in connection with the use of such test(s).

I represent that and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant  
signature: \_\_\_\_\_

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