

THE SURGERY CENTER AT CEDAR LAKE APPLICATION

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Return Completed Application to:

The Surgery Center at Cedar Lake
1720 B Medical Park Drive
Biloxi, MS 39532

For Staff / Official Use Only

Received: _____

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

Position Title:

Date Available to Start:

PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Address

City

State

Zip

Home Phone

Alternate Phone

Social Security Number:

If selected, are you willing to submit to a pre-employment drug screen? Yes No

Email Address

EDUCATION

What is your highest level of education?

Some High School

Some College

Associate's Degree

Master's Degree

High School

Technical College

Bachelor's Degree

Specialist's Degree

HIGH SCHOOL EDUCATION

Did you graduate from High School/Receive a G.E.D.? Yes No

If no, what was the highest grade level completed? 7 8 9 10 11 12

COLLEGE/UNIVERSITY EDUCATION

School Name

Degree Received

Dates Attended

Did you graduate?

Yes No

School Location (City/State)

Major

School Name

Degree Received

Dates Attended

Did you graduate?

Yes No

Semester Quarter

of units completed:

School Location (City/State)

Major

School Name

Degree Received

Dates Attended

Did you graduate?

Yes No

Semester Quarter

of units completed:

School Location (City/State)		Major
CERTIFICATES & LICENSES		
Type	Date Issued (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization
Type	Date Issued (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization
Type	Date Issued (Month/Year)	Expiration Date (Month/Year)
License Number	Issuing Agency	Specialization
WORK HISTORY <i>(List last three employers, starting with last one first)</i>		
Dates From To	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	
Hours Per Week	Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties		
Dates From To	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	
Hours Per Week	Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties		
Dates From To	Employer	Position Title
Address, City, State		
Phone Number	Supervisor (Name & Title)	
Hours Per Week	Salary	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Duties		

ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

REFERENCES

Name	Address	Years Acquainted

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by The Surgery Center at Cedar Lake and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligible, and/or dismissal from employment. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

Interviewed By:		Date:	
Remarks:			
Neatness:		Ability:	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No		Position:	Dept.:
Salary/Wage:		Date Reporting to Work:	
Approved:		Approved:	
Hiring Manager Signature Above		Administrator Signature Above	

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.