

APPLICATION FOR EMPLOYMENT

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



PERSONAL INFORMATION

DATE

Name	last	first	MI	Social Security #
Present Address	street	city	state	zip
Permanent Address	street	city	state	zip
Phone No.	home	cell	work	Email address
Person to notify in case of emergency	name			phone
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				Are you 18 years or older? <input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Status preference (if less than full time, specify days available)	<input type="checkbox"/> full time <input type="checkbox"/> PRN <input type="checkbox"/> Part-time (list days available)	Hours available
Are you employed now?	May we contact your present employer?	
Ever applied at NEC before?	Referred by	

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED?	*DID YOU GRADUATE?	SUBJECT STUDIED / DEGREE OBTAINED
HIGH SCHOOL				
COLLEGE				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

PROFESSIONAL LICENSES, REGISTRATIONS, CERTIFICATES: (LIST BOTH CURRENT AND INACTIVE)

TYPE	STATE	NUMBER	DATE ISSUED	EXPIRED DATE	STATUS

SKILLS SUMMARY: WHAT SPECIFIC EXPERIENCE HAVE YOU HAD IN THE FOLLOWING?

SKILL	DESCRIBE PAST EXPERIENCE	LENGTH OF TIME	SKILL	DESCRIBE PAST EXPERIENCE	LENGTH OF TIME
BILLING			WORD PROCESSING		
MEDICAL RECORDS			SPREAD SHEETS		

GENERAL

OTHER TRAINING, EDUCATION, SPECIAL STUDIES, HONORS

EXTRACURRICULAR ACTIVITIES: (CIVIC ATHLETIC, ETC.)

*EXCLUDE ORGANIZATIONS IF THE NAME INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

US MILITARY OR NAVAL SERVICE

RANK

YEARS IN SERVICE

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION & JOB DUTIES	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS AND PHONE NUMBER	PROFESSION / BUSINESS	YEARS ACQUAINTED?

APPLICANT'S STATEMENT

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. "

" IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE COMPANY'S POLICIES AND PROCEDURES, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR NORMAN ENDOSCOPY CENTER'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. OTHER THAN THE EXECUTIVE COMMITTEE OF NORMAN ENDOSCOPY CENTER, NO MANAGER, SUPERVISOR OR OTHER PERSON, HAS THE AUTHORITY TO ALTER THE AT-WILL STATUS OF YOUR EMPLOYMENT OR ENTER INTO ANY EMPLOYMENT CONTRACT FOR A DEFINITE PERIOD OF TIME. "

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED?

AGREED UPON SALARY/WAGE:

START DATE:



APPLICANT'S AUTHORIZATION FOR THE RELEASE OF INFORMATION TO NORMAN ENDOSCOPY CENTER.

I CONSENT TO AND AUTHORIZE NORMAN ENDOSCOPY CENTER, AND IT'S AGENTS AND EMPLOYEES, TO OBTAIN IN ANY MANNER ANY REFERENCE INFORMATION CONCERNING ME, INCLUDING ACHIEVEMENT, WAGE HISTORY, PERFORMANCE, ATTENDANCE, PERSONAL HISTORY, DISCIPLINARY INFORMATION AND REASON FOR SEPARATION OF EMPLOYMENT, RELATING TO MY EMPLOYMENT WITH ANY FORMER EMPLOYER. IF I AM FOUND TO BE A SUITABLE EMPLOYEE MATCH FOR NORMAN ENDOSCOPY CENTER, I AUTHORIZE THEM TO PERFORM A PRE-EMPLOYMENT CRIMINAL BACKGROUND CHECK ON ME. IT IS EXPRESSLY UNDERSTOOD THAT ANY INFORMATION SOUGHT OR OBTAINED IS TO BE USED FOR THE PURPOSE OF DETERMINING MY ACCEPTABILITY FOR EMPLOYMENT. I ALSO HEREBY RELEASE NORMAN ENDOSCOPY CENTER, IT'S AGENTS AND EMPLOYEES, FROM ALL LIABILITY FOR DAMAGES OR CLAIMS, INCLUDING BUT NOT LIMITED TO DEFAMATION, INTERFERENCE WITH CONTRACT, OR PROSPECTIVE ECONOMIC ADVANTAGE AND NEGLIGENCE, I HAVE OR MAY HAVE WHICH ARISE OR RESULT FROM ANY REFERENCE INFORMATION PROVIDED PURSUANT TO THIS AUTHORIZATION OR ATTEMPS TO COMPLY WITH THIS AUTHORIZATION.

DATE

SIGNATURE
