

# LAKEWALK SURGERY CENTER

## APPLICATION FOR EMPLOYMENT

1420 LONDON ROAD SUITE 100, DULUTH, MN 55805 \* PHONE 218-728-0650 \* FAX 218-728-0657

AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

NAME (LAST, FIRST, MI)		SOCIAL SECURITY #	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			
PHONE NUMBER		REFERRED BY	

### EMPLOYMENT DESIRED

POSITION APPLIED FOR	IF HIRED WHEN CAN YOU START
MN PROFESSIONAL LICENSE # _____ EXPIRATION DATE _____	BLS _____ PALS _____ ACLS _____
ARE YOU CURRENTLY EMPLOYED YES _____ NO _____	IS SO MAY WE CONTACT YOUR PRESENT EMPLOYER YES _____ NO _____
TYPE OF EMPLOYMENT DESIRED FULL TIME _____ CASUAL _____ PART TIME _____	ARE YOU 18 YEARS OF AGE OR OLDER YES _____ NO _____

### PERSONAL DATA

HAVE YOU EVER BEEN DISCIPLINED OR TERMINATED DUE TO A HIPAA VIOLATION OR MISUSE OF PATIENT INFORMATION? YES _____ NO _____
HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES _____ NO _____ IF SO WHY? _____
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES _____ NO _____
IF HIRED CAN YOU PROVIDE PROOF OF CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? YES _____ NO _____
1. Has any certifying and/or licensing agency, authority or board ever initiated sanctions, discipline or denied you a license because of conduct, professional performance or substance abuse? YES _____ NO _____ N/A _____ If yes please give dates and details _____
2. Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying? _____

### MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES _____ NO _____	MILITARY OCCUPATION _____
BRANCH SERVICE _____	RANK _____
DATE FROM _____ TO _____	

### EDUCATION INFORMATION

NAME OF SCHOOL	YEARS ATTENDED	DEGREE OR MAJOR	DEGREE ATTAINED
HIGH SCHOOL			
COLLEGE OR VOCATIONAL			
GRADUATE OR OTHER SCHOOL			

### EMPLOYMENT

Include all previous employers, including part time employment, cooperative programs and summer work, beginning with present or most recent employer. Please include periods of unemployment. If you wish to describe additional work experience attach on a separated piece of paper. NOTE: Incomplete information could disqualify your from further consideration.

NAME OF EMPLOYER:		SUPERVISOR'S NAME AND TITLE	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
DATES EMPLOYED:		RATE OF PAY	
TELEPHONE:			
JOB TITLE AND DESCRIBE WORK PERFORMED			
REASON FOR LEAVING		MAY WE CONTACT YES _____ NO _____	

NAME OF EMPLOYER:		SUPERVISOR'S NAME AND TITLE	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
DATES EMPLOYED:		RATE OF PAY	
TELEPHONE			
JOB TITLE AND DESCRIBE WORK PERFORMED			
REASON FOR LEAVING		MAY WE CONTACT YES _____ NO _____	

NAME OF EMPLOYER:		SUPERVISOR'S NAME AND TITLE	
CURRENT ADDRESS	CITY	STATE	ZIP CODE
DATES EMPLOYED:		RATE OF PAY	
TELEPHONE			
JOB TITLE AND DESCRIBE WORK PERFORMED			
REASON FOR LEAVING		MAY WE CONTACT YES _____ NO _____	

## REFERENCES

(Please list below three references not related to you and at least one whom you have worked with in the past)

Name	Address	Phone	Business	Years Known
1				
2				
3				

### APPLICANT ACKNOWLEDEMENT AND AUTHORIZATION OF APPLICATION

I authorize Lakewalk Surgery Center to investigate the information contained in this application or other wise provided by me ad release Lakewalk Surgery Center (and its employees) from any and all liabilities for seeking information and options on me. I authorize all employers, educational intuitions, entities or persons listed in this application or identified by me to provides information about me and hereby release them from all liability for issuing such information. I hear by waive any privilege I have to such information.

I certify that the information I provided Lakewalk Surgery Center in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in the application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

As set forth in Lakewalk Surgery Center's separated Drug and Alcohol Testing Policy, I understand that any offer of employment made to me maybe conditioned upon my submitting to and passing a drug test.

I also understand that nothing contained in this employment application or in the granting of an interview, and no Lakewalk Surgery Center policies, procedures, or handbooks that I might receive if I am hired, are intended to create an employment contract between Lakewalk Surgery Center and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Lakewalk Surgery Center unless made in writing and signed by an authorized officer of Lakewalk Surgery Center. If employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice.

I hear by acknowledge that I have read and understand the foregoing, I certify that the information I provided the Lakewalk Surgery Center in this application and during the hiring employment process is true and complete. I indicate I agree to the statements above by my signature below.

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Signature of Applicant

Date