

# Camp Lowell Surgery Center

## APPLICATION FOR EMPLOYMENT

*Please print or type all answers.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street) (City) (State) (Zip)

Previous Address \_\_\_\_\_ Date Available to Start \_\_\_\_\_

Position Desired \_\_\_\_\_  Part-Time  Full-Time Salary Desired \_\_\_\_\_

Are you able to perform the duties required, either with or without accommodations?  YES  NO

Please list any accommodations you may require: \_\_\_\_\_

<b>EDUCATION</b>						
<b>Circle the highest level of education completed:</b>						
ELEMENTARY	MIDDLE SCHOOL	HIGH SCHOOL	SOME COLLEGE	2 YR DEGREE	4 YR DEGREE	HIGHER DEGREE
Name and Location of School		Degree/ Diploma/ Cert	Major Subject	Grade Average		
<b>High School</b>						
<b>College or University</b>						
<b>Vocational/ Trade School</b>						

<b>WORK EXPERIENCE</b>						
Company Name and Address	Supervisor	From	To	Salary	Job Title and Brief Description	Reason for Leaving

Have you given notice at your current employer?  YES  NO

May we request references from the above?  YES  NO

Other relevant experience \_\_\_\_\_

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## SKILLS

Please indicate if you are proficient with:  COMPUTER  10-KEY CALCULATOR  FAX  MULTI-LINE PHONE

Other relevant skills \_\_\_\_\_

## CHARACTER REFERENCES

Please list three people who know you well, either personally or in business. Do not include mere acquaintances, previous employers or relatives.

Name	Occupation	Address	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Referred by: \_\_\_\_\_ Are you personally acquainted with or related to any present or former employee? Yes  No  Name \_\_\_\_\_

Use this space for any additional information you would like us to have to help judge your qualifications:

I understand the information on this employment application has been requested for purposes of evaluating my qualifications in regard to the requirements of the specified position.

I understand and expressly agree that Camp Lowell Surgery Center may make or employ an agency to make such pre-employment investigation of my competence, character, general reputation, personal characteristics and mode of living as it may choose and that information concerning such matters may be obtained through contacts or interviews with former employers, neighbors, friends, associates or any other person with whom I am acquainted or who may have knowledge concerning the attributes referred to. I expressly consent to and acquiesce in such investigation. I also understand and have been informed that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation made.

I certify that all information given on this form is true to the best of my knowledge, information and belief and I understand that I will be subject to dismissal if I have made any misrepresentation herein. I also give my consent to any pre-employment medical and physical examination required by the Camp Lowell Surgery Center.

**Applicant Signature** \_\_\_\_\_

## APPLICANT - PLEASE DO NOT WRITE BELOW

INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_

	Excellent	Good	Average	Below	Notes
<b>Speech</b>					
<b>Professionalism</b>					
<b>Enthusiasm</b>					
<b>Job Knowledge</b>					

DATE AND HOURS: \_\_\_\_\_

SPECIAL CONDITIONS OF EMPLOYMENT: \_\_\_\_\_