



## CHARACTER REFERENCES

Do not refer to mere acquaintances, previous employers or relatives. Refer to people who know you well, either personally or in business.

| Name     | Occupation | Address |
|----------|------------|---------|
| 1. _____ | _____      | _____   |
| 2. _____ | _____      | _____   |
| 3. _____ | _____      | _____   |

May we request references from the above? Yes  No

Use of Alcohol - Abstain  Socially  Other (explain) \_\_\_\_\_

Referred by \_\_\_\_\_

Are you personally acquainted with or related to any present or former employee of the clinic? Yes  No  Name \_\_\_\_\_

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

I understand that 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 the 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.

Should I desire to leave the employ of the Camp Lowell Surgery Center, I promise to deliver my resignation to my supervisor two weeks prior to the date it is to go into effect. I understand and agree that at no time, whether I am an employee of the Camp Lowell Surgery Center or not, will any information regarding patients of the Center be revealed to anyone other than those authorized to receive it. I understand that the giving of information concerning a patient to those not authorized to receive such information is unlawful and shall be sufficient cause for my immediate dismissal.

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 \_\_\_\_\_

### APPLICANT - PLEASE DO NOT WRITE BELOW

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

|                    | EXCELLENT | GOOD | AVERAGE | BELOW |
|--------------------|-----------|------|---------|-------|
| SPEECH             |           |      |         |       |
| NEAT AND CLEAN     |           |      |         |       |
| INTEREST IN CLINIC |           |      |         |       |
| JOB KNOWLEDGE      |           |      |         |       |

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

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