

# AMBULATORY SURGERY CENTER OF SPARTANBURG

## Application For Employment

Date: \_\_\_\_\_

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name

Address		City	State	Zip
Phone number	Text? Yes or No	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Birth
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary	Who referred you to our company? _____	

## Education

School name	Location	Years attended	Degree received	Major

## References (business and professional only)

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Address/Phone #:	Dates employed
Position:	Starting pay rate	Ending pay rate

Job Duties:

<b>Employer (2)</b>	Address/Phone #:	Dates employed
Position:	Starting pay rate	Ending pay rate

Job Duties:

<b>Employer (3)</b>	Address/Phone #:	Dates employed
Position:	Starting pay rate	Ending pay rate

Job Duties:

<b>Employer (4)</b>	Address/Phone #:	Dates employed
Position:	Starting pay rate	Ending pay rate

## Skills

### Clerical Applicants Only:

#### Length of Time

Accounting \_\_\_\_\_  
 Billing \_\_\_\_\_  
 Computer \_\_\_\_\_  
 Medical Records \_\_\_\_\_  
 Scheduling \_\_\_\_\_

### Clinical Applicants Only:

#### **Pre-Op and Post-Op Care**

On a scale of 1 (low) to 10 (high), please indicate your skillset.

Pre -Assessment \_\_\_\_\_ Airway Management \_\_\_\_\_  
 Pediatrics \_\_\_\_\_ Arrythmia \_\_\_\_\_  
 IV Insertion \_\_\_\_\_ Pain Blocks \_\_\_\_\_  
 Medications \_\_\_\_\_

## Skills (Continued)

### Clinical Applicants Only:

	<u>Operating Room</u>
	<u>Length of Time</u>
Circulating Nurse	_____
Scrub Nurse	_____

### Procedure and Instrumentation Specialty Skills

On a scale of 1 (low) to 10 (high), please rank your skillset.

	<u>Ranking</u>
ENT	_____
GI/Endoscopy	_____
Laparoscopic GYN	_____
Laparoscopic General Surgery	_____
Ophthalmology	_____
Orthopedics	_____
Pediatrics	_____
Podiatry	_____
Urology	_____

### Clinical Applicants Only:

	<u>Length of Time</u>		<u>Length of Time</u>
Infection Prevention	_____	Risk Management	_____
Laser Safety	_____	Safety Officer	_____
Nurse Educator	_____	Sterile Processing	_____
Performance Improvement	_____	Team Lead	_____
Radiology	_____		

### Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my employment being terminated. I authorize any individual contacted during this inquiry to provide you any and all information and release all parties from all liability for any damage that may result from furnishing this information.

Name: (please print)

Signature

Date: