

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Kingwood Endoscopy

Instructions: All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write NA in the space. Upon completion, sign your name in the space provided. **Please PRINT or WRITE legibly.**

Do not write in this space
Offer Date/Time _____
Starting Date _____
Position Title _____
Rate of Pay _____
Orientation Date _____

IDENTIFICATION

Today's Date _____

Last name	First name	Middle initial	Social Security number
Present address	street and number	city	state zip code
Telephone number			
Permanent address	street and number	city	state zip code
Telephone number			
If you are not a U.S. citizen, do you have an <i>Alien Registration Receipt Card</i> (1-151)?			Message number
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>If no, please explain.</i>			
If you are under 18 years of age, can you provide required proof of your eligibility to work?			Date of Birth:
YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
What or who prompted you to apply here (please be specific, i.e., which newspaper, journal, name of friend, school instructor, etc.)?			State ID No. (Ex. Drivers License)
___ Job Line ___ Professional Journal Ad ___ Newspaper Ad ___ Friend/Relative _____ Other _____			

WORK PREFERENCES

Position desired	When can you start?	Approximate salary expected:
		Per hour _____ Yearly Salary _____
Are you willing to accept:		
If part-time, indicate days and hours available		
___ Full time ___ Part-time ___ PRN		
Can you be flexible in your hours?		Are you willing to work weekends?
YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL

Have you ever applied here before?	If yes, indicate date	Have you any relatives or acquaintances working here?	If Yes, indicate name, relationship and dept.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Mo. Yr	YES <input type="checkbox"/> NO <input type="checkbox"/> Don't know for sure <input type="checkbox"/>	
Have you ever worked here before?	If yes, indicate dates and the department in which you worked.		
YES <input type="checkbox"/> NO <input type="checkbox"/>	From _____ / _____ to _____ / _____ Department: _____ Position: _____		

LICENSE, REGISTRATION OR PERMIT

TYPE OF REGISTRATION OR CERTIFICATE	STATE	NUMBER	EXPIRATION	For Office use only Verification
If you do not have required certification, registration or license, have you applied for one? YES <input type="checkbox"/> NO <input type="checkbox"/>			If an examination is required, what date are you scheduled to take the examination? _____	

IN CASE OF EMERGENCY

Name _____ Relationship (Optional) _____

Address: Street, Number/City/State/Zip _____

Home phone number (_____) _____ Work phone number (_____) _____

EDUCATION

Indicate high school, vocational school, business school, school of nursing, college or university attended.

NAME OF SCHOOL	LOCATION: CITY/STATE	COURSE OF STUDY	FROM/ MO/YR	TO MO/ YR	DEGREE, DIPLOMA OR CERTIFICATE OBTAINED
Do you plan to resume your education? YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED <input type="checkbox"/>					If yes, when? Name and location of school you plan to attend.

Please list any other training or courses which may be pertinent to the position you are applying for _____

SPECIAL SKILLS AND TRAINING:

Check which skills or training you have in the following areas:

Business	Computers	General	Patient Care
<input type="checkbox"/> Typing - wpm	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Floor Care	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Transcription - wpm	<input type="checkbox"/> Excel	<input type="checkbox"/> Sterile Processing	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Access	<input type="checkbox"/> Sterilization	<input type="checkbox"/> Pre-Op Preps
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Power Point	<input type="checkbox"/> Sterilizer (Steam/Gas)	<input type="checkbox"/> Isolation Technique
<input type="checkbox"/> Accounting	<input type="checkbox"/> AdvantX	<input type="checkbox"/> Maintenance (General)	<input type="checkbox"/> Catheterization
<input type="checkbox"/> Ten-Key Adding	Other: _____	<input type="checkbox"/> Cleaning (General)	<input type="checkbox"/> Charting
<input type="checkbox"/> Calculator	_____	<input type="checkbox"/> Medical Supply Knowledge	<input type="checkbox"/> Monitor
<input type="checkbox"/> Invoicing/inventory	_____	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Blood Draw
<input type="checkbox"/> Reception		<input type="checkbox"/> Disinfectants (cleaning agents)	<input type="checkbox"/> CPR
<input type="checkbox"/> Phone Switchboard		<input type="checkbox"/> Lifting Techniques	Other: _____
<input type="checkbox"/> Insurance Billing		<input type="checkbox"/> Inventory/Warehouse	_____
Other: _____		<input type="checkbox"/> Inventory	_____
_____		Other: _____	

OTHER QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

EMPLOYMENT HISTORY Begin with your present or most recent employer. Additional employment history sheets available upon request.

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving	May we contact? YES NO <input type="checkbox"/> <input type="checkbox"/>	

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
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Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving	May we contact? YES NO <input type="checkbox"/> <input type="checkbox"/>	

Name of firm	Position title	Supervisor's Name Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving	May we contact? YES NO <input type="checkbox"/> <input type="checkbox"/>	

Name of firm	Position title	Supervisor's name/Title	Phone
Address (street/number)	Work performed		
City/State/Zip			
Phone number/Fax	If you worked under a different name, indicate that name here.		
Dates employed (month/year) From To	Reason for leaving	May we contact? YES NO <input type="checkbox"/> <input type="checkbox"/>	

Periods Of	Date (month/year)	Date (month/year)	Date (month/year)	Date (month/year)
Unemployment	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____

MILITARY SERVICE RECORD

Branch of military service	Date entered service	Date separated from active duty	Date of final discharge	Final rank
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Describe any job related training received in the United States military

What is the minimum period of time that you plan to stay if employed at the Center? _____

What would your career goals be at the Center? _____

State any additional information you feel may be helpful to us in considering your application for employment.

(A "Yes" answer to this question will not necessarily bar the applicant from employment)

Have you, within the last ten years, been convicted of a criminal offense? YES NO
If yes, please explain. _____

<p>I certify that the information set forth in this employment application is true and complete to the best of my knowledge. I understand that if employed, the falsification or willful omission of information on this application, shall be considered sufficient cause for my dismissal. I understand that my employment be shall be contingent upon proof of identity and verification of eligibility for employment in the United States and in accordance with the <i>Immigration Reform and Control Act of 1986</i>. I further understand that my employment is contingent upon satisfactory references and successful completion of an employment drug screen. I consent to and authorize the Center to request any information concerning my</p>	<p>previous employment record as indicated on this application for employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information. Regardless of personal preferences, I must willing to be flexible in shift assignments should the needs of the Center requires doing so.</p> <p>X _____ Signature of Applicant Date</p>
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JOB PERFORMANCE ABILITY

Given your knowledge, skills, education and experience, are you able to perform all of the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the job description?

YES NO

Position _____ Date _____ Signature _____

*Thank you for your interest in **Kingwood Endoscopy**. Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualifications. Your application will be reviewed for all positions for which you are qualified. Only those applicants selected for an interview will be notified.*