

LAKELAND

SURGICAL & DIAGNOSTIC CENTER L.L.P.

EMPLOYMENT APPLICATION

Lakeland Surgical & Diagnostic Center, L.L.P. fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, disability, or any other bias prohibited by federal, state or local law.

POSITION APPLIED FOR: _____ DATE: _____

Personal Data

Salary Expectations: _____

Form with fields: Last Name, First, Middle, Street Address, City, State/Zip, Telephone Number

Are you at least 18 years old? [] Yes [] No If not, state your age for child labor law purposes only: _____

Are there any days, shifts or hours you will not work? _____ If yes, please explain: _____

Are you available for out of town work? _____ Will you work overtime if required? _____

When will you be able to start work? _____

Have you taken illegal drugs in the last 30 days? _____

How did you learn of our Company? _____

If referral, who were you referred by? _____

Have you ever applied or worked here before? [] Yes [] No If yes, provide the date: _____

Are you legally authorized to work in the United States? [] Yes [] No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? [] Yes [] No

Note: The Federal Immigration and Reform and Control Act of 1986 requires that and INS Employment Eligibility Verification Form I-9 be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization for work.

Have you been convicted of a felony within the last seven years? [] Yes [] No Date of Conviction: _____ If yes, please explain on the Additional Comments section, including the penalty imposed.

Have you been convicted within the last seven years of misappropriation of funds, embezzlement or other dishonest conduct, an offense involving the use of a weapon, physical assault or other violent crimes? [] Yes [] No If yes, please explain on the Additional Comments section.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? [] Yes [] No If yes, include nature of the intentional tort and the disposition of the action in the Additional Comments section.

Driving Record

Do you have a valid drivers license? Yes No License No.: _____

Have you had any tickets? Yes No If yes, please explain: _____

Has your license ever been suspended or revoked? Yes No If yes, please explain: _____

Do you have any DUI or DWI convictions? Yes No If yes, please explain: _____

Additional Comments (Use the space below to supply any additional information relevant to the job applied for)

Education, Training and Professional Licensure/Registry/Certification

Describe any educational degrees, skills, training or experience that you believe are relevant to the job applied for:

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Type of Diploma or Degree
High School				____ Yes ____ No	
College or University				____ Yes ____ No	
College or University				____ Yes ____ No	
Graduate or Professional School				____ Yes ____ No	
Training in Specialty Areas				____ Yes ____ No	

Do you hold professional licensure? Yes No

If yes please list below all states/jurisdictions in which you now or have held licensure as a professional:

State/Jurisdiction	License No.	Type of Licensure
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your professional license ever been voluntarily withdrawn or have you ever been disciplined by or has your professional license ever been revoked, suspended, reduced, limited, placed on probation, not renewed, or subject to reprimand by a professional board or other regulatory agency? Yes No If yes, please explain the full circumstances and outcome:

CPR Expiration Date: _____ ACLS PALS

Describe any other education, training, skills or certificates you possess which are relevant to the position for which you have applied:

Employment History

Starting with current or most recent, list all employers past and present. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this section of this Application as well. Lakeland Surgical & Diagnostic Center, L.L.P. verifies all information disclosed in this section.

Company Name		Telephone #			
Address		Date Employed	From	To	
Name of Supervisor	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of pay	Start	Last

State job titles and describe job duties

Reason for leaving

Company Name		Telephone #			
Address		Date Employed	From	To	
Name of Supervisor	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of pay	Start	Last

State job titles and describe job duties

Reason for leaving

Company Name		Telephone #			
Address		Date Employed	From	To	
Name of Supervisor	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of pay	Start	Last

State job titles and describe job duties

Reason for leaving

Company Name		Telephone #			
Address		Date Employed	From	To	
Name of Supervisor	May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rate of pay	Start	Last

State job titles and describe job duties

Reason for leaving

Please explain any gaps in your employment history: _____

Have you ever been discharged or forced to resign? Yes No If yes, please explain: _____

Did you receive any discipline in the last 12 months of active employment? Yes No If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No If yes, what was the range of scores used and what was your score? _____

Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for Lakeland Surgical & Diagnostic Center, L.L.P.? Yes No If yes, please explain: _____

(You may be required to furnish a copy of the agreement)

References

List current and former co-workers, and/or professional acquaintances not related to you (other than those persons listed previously who can provide first-hand knowledge of your qualifications and abilities).

Name	Relationship to you	Occupation and Title	Phone No. (Including Area Code)	Years Known

Military (Complete only if you served in the military)

Branch of Service: _____ Number of Years/Months of Service: _____

Rank at Discharge: _____ Discharge Date: _____ Reason for leaving: _____

Describe any military skills, training or experience you believe are relevant to the job applied for: _____

Applicant's Acknowledgement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice (including the Employee Handbook or any personal materials) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job related tests; take a driver's examination; submit to a background investigation; take a pre-employment drug and nicotine test. If I am offered employment or start work before any of the required tests are completed, my employment is contingent on a satisfactory result on all required tests. I authorize Lakeland Surgical & Diagnostic Center, L.L.P. and its clients to release the results of the background checks (if any) and my pre-employment drug/alcohol and nicotine test (if any), any information on this application and any relevant information about me to each other and release Lakeland Surgical & Diagnostic Center, L.L.P. and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results of any drug/alcohol and nicotine test to any state or federal authority requesting such information and in response to valid subpoena or other legal document.

In compliance with the federal Immigration Reform & Control Act, I agree, if hired, to provide within three (3) business days from the date that my employment begins, proof of my identity and eligibility for employment in the United States.

Further, I understand that, if I am employed, all materials, equipment and space allocated to me for the discharge of my duties may be inspected as deemed necessary by Lakeland Surgical & Diagnostic Center, L.L.P. at its sole discretion.

Signature: _____

Date: _____

