



EMPLOYMENT APPLICATION

We are happy you have decided to apply at Lincoln Surgical Hospital where we are committed to meeting the changing needs of the healthcare environment.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Lincoln Surgical Hospital to provide equal employment opportunity to our employees or applicants without regard to race, color, religion, sex, national origin, age, marital status and disability or other categories protected by law. Equal employment opportunity includes, but is not limited to, employment, promotion, transfer, demotion, separation, compensation and training.

Any applicant with a current Medicaid, Medicare or licensure sanction will not be eligible for employment with Lincoln Surgical Hospital. In the event any such sanction is discovered or occurs after employment, the individual will be considered for immediate termination of employment.

All fields with an asterisk (*) are required.

PERSONAL INFORMATION

Name:*

Present Address:*

Email Address:

Present Phone:*

Cell Phone:

Best time of day to contact you?

Do you have voicemail? Yes No May we leave a voice message? Yes No

Are you over the age of 18?* Yes No

Have you worked under another name?* Yes No If yes, list name(s):

Have you ever:

Applied to, or worked for Lincoln Surgical Hospital before? Yes No If yes, when:

Been convicted of a felony or a misdemeanor?* Yes No If yes, give details:

List all offenses and dates of conviction:

NOTE: Answering "yes" to the above question does not constitute an automatic bar from employment. Consideration will be given to the nature of the offense, the date of the offense, and the position for which you are applying.

Been discharged from any position?* Yes No If yes, please give details:

Been excluded from participation in a federally funded program?* (Medicare, Medicaid) Yes No

If yes, please give details:

If hired, can you provide proof of citizenship or other eligibility to be employed in the United States?* Yes No

If offered a position with our organization, are you willing to submit to a drug test?* Yes No

JOB INTERESTS

Position desired.*

Desired Salary:

If hired, date you are available to begin work:

Please check all categories you are willing to work: Full Time Part Time PRN

Day Shift Evening shift Night Shift

Weekends Holidays 10 Hour Shifts 12 Hour Shifts

If your position desired is RN, LPN or CNA, please check all that apply:

Any nursing position Pre-Op Post-Op

Endoscopy OR Other

Pre-Op Call Center PACU Please describe:

How did you hear about this position?

If employee referral, please list employee's name:

OTHER SKILLS

Please check all of the following skills which you possess:

Typing Medical Terminology MS Outlook Credit Collections

Shorthand Computers MS Publisher Insurance

Word processing MS Word MS Access Other

Medical Transcription MS Excel Ten Key Please list: _____

Dictaphone MS Powerpoint Accounting _____

EDUCATION

Mark the highest level completed.* Less than high school High School/GED

Associates Bachelors Masters Doctorate

Education Level	Name/Location	School Major	Did you graduate?	List Diploma/Degree
High School				
Vocational/Trade/ Technical School				
Professional or Diploma				
College/University (Undergraduate)				
College/University (Graduate)				
Other				

LICENSES

Professional Licensure/Certification

License/Certification	State/License No.	Date Issued	Expiration Date	Temporary	Permanent

Has your professional license (in any state) ever been on probation, suspended, revoked or limited in any way?

Yes No

If yes, please explain circumstances and outcome.

EMPLOYMENT HISTORY

Starting with your present or last employer, please list jobs you have had. Do not omit work history because it may be unrelated to the job which you are applying. Complete all of the information requested. All fields with an asterisk (*) are required. Do not put "see resume." An attached resume does not substitute for this information. If you have not held a previous position, please enter N/A in all fields below. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Please check the box next to the company to add an employer.

1. Most recent employer

Name of Company:*

Street Address:*

City, State, Zip:*

Job Title:*

Department/Unit Title:*

From (mo/yr):*

To (mo/yr):*

Ending Salary:*

Supervisor's Name:*

Supervisor's Phone #:*

Describe your duties & accomplishments:*

Reason for leaving:*

Employment Status:*

May we contact this employer for a reference?* Yes No

If no, reason?

2. Name of Company:*

Street Address:*

City, State, Zip:*

Job Title:*

Department/Unit Title:*

Describe your duties & accomplishments:*

From (mo/yr):*

To (mo/yr):*

Ending Salary:*

Supervisor's Name:*

Supervisor's Phone #:*

May we contact this employer for a reference?* Yes No

If no, reason?

3.

Name of Company:*

Street Address:*

City, State, Zip:*

Job Title:*

Department/Unit Title:*

From (mo/yr):*

To (mo/yr):*

Ending Salary:*

Supervisor's Name:*

Supervisor's Phone #:*

May we contact this employer for a reference?* Yes No

If no, reason?

4.

Name of Company:*

Street Address:*

City, State, Zip:*

Job Title:*

Department/Unit Title:*

From (mo/yr):*

To (mo/yr):*

Ending Salary:*

Supervisor's Name:*

Supervisor's Phone #:*

May we contact this employer for a reference?* Yes No

If no, reason?

Reason for leaving:*

Describe your duties & accomplishments:*

Reason for leaving:*

Describe your duties & accomplishments:*

Reason for leaving:*

Employment Status:*

REFERENCES*

List name and telephone number of three business/work references who are *not related to you and are not* supervisors. If not applicable, list three school or personal references who are *not related to you*.

Name	Title	Relationship to You	Telephone #	# of years known

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Lincoln Surgical Hospital is true, complete and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have not knowingly withheld any information that might adversely affect my chances for employment.

I understand that any offer of employment is contingent upon successfully completing a background check which includes, but may not be limited to, verifying my eligibility to participate in federally funded programs, criminal background investigation and employment reference checking. I hereby waive any and all rights and claims I may have against Lincoln Surgical Hospital, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from Lincoln Surgical Hospital and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I agree to submit to a post-offer drug test and physical examination and recognize that employment is contingent upon passing a background check and drug screen and, finally, upon successfully meeting physical requirements.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and Lincoln Surgical Hospital reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no employee is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Lincoln Surgical Hospital's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or, if I have been hired, may result in my immediate discharge from Lincoln Surgical Hospital's service, regardless of the time elapsed before discovery.

Applicant's Signature:*

Date (mm/dd/yy):*