

# Application for Employment

Pinehurst Surgical is an equal opportunity employer without regard to race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap or any other legally protected status.

Position Applying For: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Full Time/Part Time/Temporary \_\_\_\_\_

Desired Salary \_\_\_\_\_

How did you learn about Pinehurst Surgical:

- Advertisement    
  Relative    
  Employment Agency    
  Friend

Name (Last)	First	Middle	
Street Address	City	State	Zip
County	SSN	Date Available	
Home Phone	Alternate Phone	E-Mail	

## General Information

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

Have you filed an application with us before?  Yes  No

If yes, when? \_\_\_\_\_

Have you previously been employed with us?  Yes  No

If yes, when? \_\_\_\_\_

Are you over 18 years of age?  Yes  No

Do you have friends or relatives employed with Pinehurst Surgical?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Have you been convicted of a felony?  Yes  No

Can you travel if the job requires it?  Yes  No

## Education

<b>High School</b>	<b>Address</b>	<b>City/State</b>	<b>Diploma</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>G.E.D.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>College/University/Vocational Institution</b>	<b>Address</b>	<b>City/State</b>	<b>Degree Received</b>	<b>Major</b>
<b>Other</b>				
<b>Other</b>				

## Professional License/Certification

Type of License(s) held: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Professional References

Name	Address	Business	Phone #	Years Known
1)				
2)				
3)				
4)				
5)				

## Specialized Skills

_____ Customer Service	_____ CPT/ICD9 Coding	_____ Ms/Office Applications
_____ Bi-lingual	_____ Data Entry	_____ Electronic Medical Records
_____ Medical Terminology	_____ E-Mail	_____ IDX

## Employment History

List most recent first; account for the past ten years, employed or not. Include any job-related military service assignments and work.  
Exclude organizations that indicate color, religion, race, gender, national origin, disabilities, etc.

<b>Name of Employer</b>	<b>Type of Business</b>		
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Supervisor/Title</b>	<b>May we contact?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Dates Employed</b> <b>From (M/Y)                      To (M/Y)</b>	<b>Job Title</b>	<b>Starting Pay</b>	<b>Final Pay</b>
<b>Responsibilities</b>			
<b>Reason(s) for Leaving</b>			

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<b>Phone</b>	<b>Supervisor/Title</b>	<b>May we contact?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Dates Employed</b> <b>From (M/Y)                      To (M/Y)</b>	<b>Job Title</b>	<b>Starting Pay</b>	<b>Final Pay</b>
<b>Responsibilities</b>			
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<b>Phone</b>	<b>Supervisor/Title</b>	<b>May we contact?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Dates Employed</b> <b>From (M/Y)                      To (M/Y)</b>	<b>Job Title</b>	<b>Starting Pay</b>	<b>Final Pay</b>
<b>Responsibilities</b>			
<b>Reason(s) for Leaving</b>			

**List Business or Civic Activities, professional, trade or other offices held.**

*You may exclude those that would reveal race, religion, gender, age, national origin, disability, ancestry or other protected status:*

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**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize Pinehurst Surgical to verify their accuracy and to obtain reference information on my work performance. I understand this application will be considered active for 45 days.

I understand that any employment offered is for an indefinite time period and "at will" and that either I or Pinehurst Surgical may terminate my employment at any time with or without notice or cause.

I understand that if an employment offer is extended and accepted I am required to abide by all rules and regulations of Pinehurst Surgical.

Signature: \_\_\_\_\_

Date \_\_\_\_\_