

ADULT PEDIATRIC UROLOGY

Application for Employment

Conditions of employment are listed at the end of this form. Please read carefully, any questions regarding this statement should be directed to the interviewer before signing this application. An application must be completed in full even if attaching a resume.

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose or limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let Human Resources know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Today's date: _____

Name: _____

Address: _____
(street, city, state, zip)

Telephone: () _____ - _____ email address: _____

What position are you seeking? _____

When will you be available to start working if offered a position? _____

Desired hourly wage: _____ Desired status: Full time Part time PRN

How were you referred to Adult & Pediatric Urology, P.C.? _____

Have you ever been employed with Adult & Pediatric Urology, P.C.? Yes No
If yes, indicate dates of employment: _____

Do you have any friends or relatives working at Adult & Pediatric Urology, P.C.? Yes No
If yes, who are they? _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes No

Are you at least 18 years of age or older? Yes No

Have you ever worked under a former name? If so, please list: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

(Answering yes does not necessarily disqualify employment eligibility)

If hired, do you have a reliable means of transportation to and from work? Yes No

Driver's License Number: _____ State of Issuance: _____ Expiration: _____

Education

	Name/Location	Major	Degree Received (Yes or No)	Year Graduated
High School	_____			
College	_____			
Graduate School	_____			
Trade or Business	_____			
Military Service	Yes No	Duty/Specialized Training _____		

Periods of Employment

Please fill in your past employment records as completely as possible, starting with your present or most recent employer. **Show unemployment or self-employment and indicate dates and comments for each.**

1. Name of Present or Last Company: _____

Address: _____

Phone No.: (_____) _____ Supervisor's Name: _____

Your Job Title: _____ Ending rate of pay: _____

From: ____/____/____ To: ____/____/____ Hours per Week: _____
month day year month day year

Reason for Leaving: _____

May we contact employer? ____ Yes ____ No

2. Name of Company: _____
 Address: _____
 Phone No.: (____) _____ Supervisor's Name: _____
 Your Job Title: _____ Ending rate of pay: _____
 From: ____/____/____ To: ____/____/____ Hours per Week: _____
month day year month day year
 Reason for Leaving: _____
 May we contact employer? ____ Yes ____ No

3. Name of Company: _____
 Address: _____
 Phone No.: (____) _____ Supervisor's Name: _____
 Your Job Title: _____ Ending rate of pay: _____
 From: ____/____/____ To: ____/____/____ Hours per Week: _____
month day year month day year
 Reason for Leaving: _____
 May we contact employer? ____ Yes ____ No

4. Name of Company: _____
 Address: _____
 Phone No.: (____) _____ Supervisor's Name: _____
 Your Job Title: _____ Ending rate of pay: _____
 From: ____/____/____ To: ____/____/____ Hours per Week: _____
month day year month day year
 Reason for Leaving: _____
 May we contact employer? ____ Yes ____ No

5. Name of Company: _____
 Address: _____
 Phone No.: (____) _____ Supervisor's Name: _____
 Your Job Title: _____ Ending rate of pay: _____
 From: ____/____/____ To: ____/____/____ Hours per Week: _____
month day year month day year
 Reason for Leaving: _____
 May we contact employer? ____ Yes ____ No

List any special training or skills relevant to the position you are seeking:

List any additional information that relates your ability to perform that job for which you have applied, such as licenses or professional memberships, speak languages other than English, etc (list license or certificate numbers).

References (Do not include relatives or past employers)

	Name	Occupation	Years Known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Applicant's Statement

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, to provide any information requested about me, and I release them for all liability in providing this information.

I certify that all the statements herein are true and understood that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I read and fully understand the foregoing, and I seek employment under these conditions.

Signature: _____ Date: _____

Position Applying for: _____

EXPERIENCE/SKILLS: Place check if you have experience any of the following areas:

CLERICAL:

Medical Insurance
 Cashier
 Dictaphone
 Medical Terminology
 Collections/Credit
 Admissions

SPECIAL SKILLS:

Adding Machine
 Data Entry
 Medical Records
 Typing Skills
 Switchboard
 Other: _____

Office Copier
 Postage Meter
 Fax
 Computer Software:

PATIENT CARE APPLICATION-Please check if you have experience in any of the following areas:

ACLS (Exp. date): _____
 CPR/BLS Cert. (Exp. date): _____
 NRP (Exp. date): _____
 Case Management
 Cath Lab
 Clinic/Office
 Community Health
 Coronary Care
 Critical Care
 Orthopedics

Emergency
 Hospice
 Labor & Delivery
 Long Term Care
 Med/Surg
 Neonatology
 Nurse in Charge
 OB/GYN
 Oncology
 Other: _____

Pediatrics
 Private Duty
 Psych
 Rehab
 Subacute Rehab
 Surgery
 Telemetry
 Urology
 Educator

Please rate your experience in the following areas using this scale:

**1-No Experience; 2-Limited Experience; 3-Moderate Experience; 4-Very Experienced;
 5-Expert Level, able to teach**

IV Skills:

Neonatal
 Groshong
 Piggyback Meds
 PICC Line
 Hep Lock
 Adult
 Quick Cath (Butterfly)
 Hickman
 IV Push
 Pediatric

OTHER:

Dressings: Wet to Dry; Sterile
 Foley Cath: Male; Female
 Apnea Monitor
 Suprapubic Cath Change
 Cardiac Monitoring
 Staple/Suture removal
 Flush catheter
 U/S Skills
 Familiar with sterile techniques
 Autoclaving: Instruments; Wraps/Packs