

APPLICATION FOR EMPLOYMENT

BISMARCK SURGICAL ASSOCIATES, LLC 600 N 9TH ST, BISMARCK ND 58501 (701) 221-2299

Date of Application: _____

Position applied for: _____ Referred by (if applicable): _____

Social Security No: _____ *(Note: Your social security no. is optional. It may be required on other forms prior to employment but will not prohibit an employment consideration.)*

Name: _____ Home Phone: (____) _____
Last First Middle

Address: _____ Cell Phone: (____) _____

_____ E-mail: _____
City State Zip

Are you legally eligible for employment in the United States? Yes No
 (Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference: Full-time Part-time Temporary Other Date Available: _____

Days or Hours unavailable (please specify): _____

Do you have any relatives employed at our office? Yes No If yes, who? _____

Have you ever filed an application with us before? Yes No If yes, when? _____

May we contact your current employer? Yes No May we contact your previous employer? Yes No

Is there a resume attached to this application? Yes No

RECORD OF EMPLOYMENT (beginning with your most recent employer)

1. Name of Employer		Address		Telephone #	Your Position
Dates Employed	Rate of Pay	Reason for Leaving:		Supervisor's Name & Title	
From: To:	Starting: Ending:				
MM/YY	MM/YY				
Your Duties:					

2. Name of Employer		Address		Telephone #	Your Position
Dates Employed	Rate of Pay	Reason for Leaving:		Supervisor's Name & Title	
From: To:	Starting: Ending:				
MM/YY	MM/YY				
Your Duties:					

3. Name of Employer		Address	Telephone #	Your Position
Dates Employed From: To:	Rate of Pay Starting: Ending:	Reason for Leaving:	Supervisor's Name & Title	
MM/YY MM/YY				
Your Duties:				

EDUCATION					
Type	Name	Major	Last Year Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TECHNICAL AND PERSONAL SKILLS

Special Credentialing, Certifications, or Professional Licensing:

Additional Skills and Qualifications:

Community Involvement/Organizations or Hobbies:



WORK REFERENCES

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

PERSONAL REFERENCES

Name:	Name:
Address:	Address:
Phone:	Phone:

Have you been convicted of a felony or misdemeanor, or presently have charges pending against you for a felony or misdemeanor?
 Yes No If yes, please explain: _____

Have you ever been convicted of any type of billing fraud including Medicare, or Medicaid? Yes No
Have you ever been included on the Office of Inspector General's database of suspended persons? Yes No

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all information on this application is subject to verification and I consent to any criminal history background checks. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: _____ Date: _____