

Application for Employment



Employee Information

Please read and complete all blanks within this application.

Last Name: _____ First Name: _____ Middle Name: _____ Social Security Number: _____
Position Applying For: _____
Street Address: _____
City: _____ State: _____ ZIP: _____ Phone Number: _____
Emergency Contact Last Name: _____ Emergency Contact First Name: _____ Emergency Phone Number: _____
Type of Driver's License: _____ Class of Driver's License: _____ Driver's License Number: _____

Educations

High School Name: _____ College Name(s): _____ Other Name(s) Please Specify: _____
Degree: _____ Degree: _____ Degree: _____
Graduated: Yes No Graduated: Yes No Graduated: Yes No
Last Year Completed 1 2 3 4 Last Year Completed 1 2 3 4 Last Year Completed 1 2 3 4
Additional Skills: _____
Professional Certifications and/or Technical Designations: _____

Employment History (please complete the information requested below, do not put see "resume")

Employee Name: _____ Hire Date: _____ End Date: _____
Address: _____ Supervisor First Name: _____ Supervisor Last Name: _____
City: _____ State: _____ ZIP: _____ Job Title: _____ Salary: _____
Job Description: _____
Reason for Leaving: _____

Employee Name: _____ Hire Date: _____ End Date: _____
Address: _____ Supervisor First Name: _____ Supervisor Last Name: _____
City: _____ State: _____ ZIP: _____ Job Title: _____ Salary: _____
Job Description: _____
Reason for Leaving: _____

Employee Name: _____ Hire Date: _____ End Date: _____
Address: _____ Supervisor First Name: _____ Supervisor Last Name: _____
City: _____ State: _____ ZIP: _____ Job Title: _____ Salary: _____
Job Description: _____
Reason for Leaving: _____

Application for Employment (continued)



Professional References (please do not leave any areas blank)

Reference #1

Last Name: _____ First Name: _____

Phone Number: _____

Company: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Reference #2

Last Name: _____ First Name: _____

Phone Number: _____

Company: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Reference #3

Last Name: _____ First Name: _____

Phone Number: _____

Company: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Other Information

1. Are you currently authorized to work in the U.S.?* - Yes No
2. Have you previously been employed by Odyssey OneSource or MSC?* Yes No
3. Will you abide by the safety ruled of this company?* Yes No
4. Have you since the age of 18, ever been convicted of a felony or misdemeanor?*+ Yes No

If yes, please explain. _____

* Required Information.

- A no answer will not necessarily disqualify you from consideration.

+ A conviction will not necessarily bar you from employment but will only be considered in relation to specific job requirements. Each conviction will be judged on it's own merits with respect to time, circumstances and seriousness.

If hired, federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States.

Equal Opportunity Employer

Mansfield Surgery Center is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status, or any other basis that is prohibited by federal, state, or local law. No question in these application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature*: _____ **Printed Name:** _____ **Date:** _____

* Required Information.