Application for Employment					
Southeast Brain & Spine Surgery					
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE					
	DATE				
Name	Middle Maiden				
Present address					
Number Street	City State Zip				
Home Telephone () Cellular /Other # ()	E-Mail Address				
Employment desired	-TIME ONLY DFULL- OR PART-TIME				
On what date would you be available for work ?					
How were your referred to our Company?					
Have you ever been employed with our company before?	S □ No If yes, please give date(s) and position(s):				
If you are under the age of 18, can you provide a work permit if	required? 🗖 Yes 📮 No				
Are you legally eligible for employment in the United States?	Yes D No (If yes, proof is required if hired)				
This question below is not designed to elicit information about an applicant's disability. Please of whether accommodation is necessary. These issues may be addressed at a later stage, to the Are you able to perform the "essential functions" of the job for w accommodation? Yes No No Need more information about the state of the	hich you are applying, with or without, reasonable				
Will you travel, if required? Ves No Are you able to meet the attendance requirements of the position Have you entered into an agreement with any former employer in any way, restrict your ability to work for our Company? Ver	or other party (such as non-competition agreement) that might,				
Note: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account in determining eligibility for employment. Have you ever pleaded "guilty", "no contest" to, or been convicted of a crime? I Yes I No If yes, please provide date(s) and details:					
Employment Experience	Please list your work experience for the past five (5) years beginning with your most recent job held. If you were self-employed, give name of company. If necessary, please attach additional pages.				
Employer					
Contact Name	_ Email				
Address	Phone				
Job Title	Supervisor's Name				
Dates of Employment: From To	_ Hourly rate/Salary: Start Final				
Job Title or work performed					
Reason for leaving:					
What did you like most about your position?					

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Employer				
Contact Name		Email		
Address		Phone		
Job Title		_ Supervisor's Name		
Dates of Employment: From	То	Hourly rate/Sa	alary: Start	Final
Job Title or work performed				
Reason for leaving:				
Nhat did you like most about your p	osition?			
What did you like least about the po	sition?			
Employer				
Contact Name				
Address				
ates of Employment: From To				
Job Title or work performed				
Paggan for logving:				
What did you like most about your p	osition?			
Reason for leaving: What did you like most about your p What did you like least about the po Explain any gaps in your employme Education	osition?			
What did you like most about your p What did you like least about the po Explain any gaps in your employme	osition? sition? nt, other than those due to pe	ersonal illness,	injury or disability	·
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School:	osition? sition? nt, other than those due to pe	ersonal illness, Location Ves	injury or disability	/.
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School:	osition? sition? nt, other than those due to pe Did you graduate?	ersonal illness, Location Ves Location	injury or disability	/.
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School:	osition? sition? nt, other than those due to pe Did you graduate? Did you graduate?	Location Location Location Location	injury or disability	v. or Diploma
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School:	osition? sition? nt, other than those due to pe Did you graduate? Did you graduate?	ersonal illness,	injury or disability	v.
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School: College: Graduate School:	osition? sition? nt, other than those due to pe Did you graduate? Did you graduate?	ersonal illness,	injury or disability	v. or Diploma
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education High School: Course of Study Graduate School: Course of Study	osition?	Ersonal illness,	injury or disability No No No No No No No No Degree No	r. or Diploma or Diploma
What did you like most about your p What did you like least about the po Explain any gaps in your employme Education	osition?	Ersonal illness,	injury or disability No No No No No No No No	r. or Diploma or Diploma

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Have you eve	er been fired or aske	ed to resign from a job?	🗆 Yes 🗆 No		
lf yes, please	explain:				
May we conta	act your present emp	ployer? 🛛 Y	es 🛛 No		
Did you comp	blete this application	yourself Q Y	es 🛛 No		
References				revious supervisor. If not appli	usiness/work references who are not related to cable, list three (3) school or personal references
Name	Title	Relationship to You	Telephone	Email	Years Known

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Please read carefully before signing.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false of misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

If hired, I agree to conform to the Company's policies and procedures, and I understand that these policies and procedures and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the Company's option.

I also understand and agree that the terms and conditions of employment may be changed, with or without cause and with our without notice, at any time by the Company. I understand that no Company representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal or professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, 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 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

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 as required by federal immigration laws.

This Company does not tolerate unlawful discrimination based on sex, race, color, religion, national origin, citizenship,, age, disability or any other protected status under applicable federal, state or local law. No question on this application is used to limit or exclude an applicant from employment consideration on any basis prohibited by applicable federal, state or local law.

Signature of applicant_

Date:

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