

Application For Employment

As an Equal Opportunity Employer, Creekwood Surgery Center prohibits discrimination in employment on the basis of race, color, religion, national origin, gender, disability or age.



CREEKWOOD
SURGERY CENTER

211 NE 64th Street, Suite 100
Kansas City, MO 64118

PERSONAL INFORMATION

Print or Type clearly and neatly.

LAST NAME		FIRST NAME		MIDDLE NAME	PREFERRED NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS						HOME PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS		ALTERNATE PHONE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?						Telephone Number:
WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?						

POSITION INFORMATION

Candidates may apply for one position per application.

POSITION TITLE		JOB NO./LOCATION		SEEKING		
				Full-Time	Part-Time	PRN/Supplemental
TOTAL YEARS OF EXPERIENCE IN POSITION APPLYING FOR:				Day	Evenings	Rotating Schd
						Any
TARGET SALARY	TARGET START DATE		Every Weekend	WEEKEND AVAILABILITY		No Weekends
				Alter. Weekends		
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT CREEKWOOD SURGERY CENTER BEFORE?				When	Disposition	

EDUCATION and TRAINING

	Graduation Date	Name of Institution and Location	Degree/Program
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
TRADE SCHOOL			

LIST ANY SPECIAL SKILLS WHICH YOU ARE QUALIFIED AND EXPERIENCED (e.g. Typing, Software, Etc.)

PROFESSIONAL CREDENTIAL(S)/AFFILIATION(S)

CERTIFICATION/LICENSURE	ACCREDITING ORGANIZATION	EXPIRATION DATE	PROFESSIONAL MEMBERSHIP

Has your license (in any jurisdiction that you may have been licensed in) ever been investigated, suspended or revoked?

If yes, please detail the circumstances and the final outcome: (An affirmative answer will not disqualify you from being considered as a candidate for employment).

HEALTH CARE SPECIALTY

AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE
AREA	YEARS EXPERIENCE

PLEASE INDICATE WHICH OF THE FOLLOWING CREDENTIALS YOU CURRENTLY HOLD

CPR	Exp. Date	OCN	Exp. Date
ACLS	Exp. Date	CNOR	Exp. Date
PALS	Exp. Date	CRRN	Exp. Date
NALS	Exp. Date	CCRN	Exp. Date
CEN	Exp. Date	EKG Course	Completion Date
Other	Exp. Date	Critical Care Course	Completion Date
IV Therapy Course	Completion Date	Other Courses	Completion Date

LIST ANY OTHER EDUCATION TRAINING, SPECIAL SKILLS or CERTIFICATES/LICENSES THAT YOU POSSESS THAT ARE RELATED TO THIS JOB.

GENERAL INFORMATION

LIST ANY FOREIGN LANGUAGES THAT YOU FLUENTLY SPEAK.	READ	WRITE	SPEAK

MILITARY EXPERIENCE? If, YES, what branch? Rank: _____
 FROM _____ to _____ LIST DUTIES IN SERVICE _____

CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES?

ARE YOU 16 YEARS OLD OR OVER? IF UNDER 18, STATE AGE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST TO A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) IF YES, PLEASE EXPLAIN.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POTENTIAL JOB?

DO YOU REQUIRE ANY ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB?

IF YES, PLEASE EXPLAIN.

IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY CREEKWOOD SURGERY CENTER OR ANY OF ITS AFFILIATED COMPANIES?

IF YES, WHAT WERE YOUR DATES OF EMPLOYMENT?

IF YES, WHAT WAS THE NAME OF THE FACILITY?

IF YES, WHAT WAS YOUR NAME WHEN YOU WERE PREVIOUSLY EMPLOYED?

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EXCLUDED, SUSPENDED, OR OTHERWISE BEEN INELIGIBLE FOR PARTICIPATION IN FEDERAL PROGRAMS, OR DO YOU HAVE A CONTROLLING INTEREST IN AN ENTITY THAT HAS BEEN SO EXCLUDED OR SUSPENDED? HAVE YOU EVER BEEN SANCTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED AGENCY, OR ARE THERE CURRENT RESTRICTIONS/LIMITS ON YOUR LICENSE OR CERTIFICATION?

IF YES, PLEASE EXPLAIN.

HAVE YOU HELD JOBS IN THE PAST TEN YEARS OTHER THAN THOSE LISTED ON THIS APPLICATION?

HAVE YOU EVER BEEN TERMINATED FROM A JOB OR RESIGNED FROM A JOB AS AN ALTERNATIVE TO TERMINATION?

HAVE YOU EVER BEEN DISCIPLINED OR WARNED BY AN EMPLOYER FOR EXCESSIVE ABSENCE, LATENESS, OR POOR JOB PERFORMANCE?

IF YES, WHICH ONE?

ARE YOU PRESENTLY UNDER AN EMPLOYMENT CONTRACT?

IF YES, WHEN DOES IT EXPIRE?

DO YOU CURRENTLY HAVE ANY RELATIVE(S), OR PERSONS WITH WHOM YOU ARE INVOLVED IN A CLOSE PERSONAL RELATIONSHIP, EMPLOYED BY CREEKWOOD SURGERY CENTER?

IF YES, LIST:

EMPLOYMENT HISTORY

List all positions held in the past ten years, beginning with most recent employment.

NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE
NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE
NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
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START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE

Please give explanation of any lapses in employment dates above:
