



Application for Employment

120 Green Street • Columbus, Ohio 43222

(614) 225-9321 *phone* • (614) 224-2248 *fax*

Please print clearly and fill out completely

Date of Application: _____

1. PERSONAL DATA

Last Name		First	Middle	Social Security Number	
Address		City	County	State	Zip
How may we reach you? (include area codes)					
<input type="checkbox"/> Daytime ()		<input type="checkbox"/> Evening ()			
Position(s) Desired:			Salary Expected:		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No
1.					Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No
2.					Casual <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been <i>convicted</i> of any violation of law by civilian or military court other than for a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been involuntarily terminated or involuntarily dismissed from a former position or job? <input type="checkbox"/> Yes <input type="checkbox"/> No				If you are under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," to any of the following please explain and include date and location.				Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>(NOTE: Conviction of a crime or involuntarily termination is not an automatic bar to employment; all circumstances will be considered.)</small>					

2. MISCELLANEOUS

Referral Sources: Newspaper: List name: _____ Referral by current employee or volunteer (list name): _____

Website: list site: _____ Do you have the legal right to work in the U.S.? Yes No

Are you related to anyone currently employed by Green Street Surgery Center, LLC? If so, who and what relationship: _____	Have you ever been employed by Green Street Surgery Center, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give details in Employment History section. What name when employed? _____
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Please provide any additional information you would like to add to assist us in reviewing your application. (Clerical applicants, please list relevant skills.)

Medical Terminology Outlook Word Excel PowerPoint Other List: _____ Typing speed: _____

List other applicable skills: _____

3. PROFESSIONAL LICENSURE

List All Certifications, Registrations or Licenses as required by position.	List License No./Expiration Date/State or National Issued:
	State of Issue: _____ or National issue: _____
	Number: _____ Expiration date: _____
	State of Issue: _____ or National issue: _____
	Number: _____ Expiration date: _____
	State of Issue: _____ or National issue: _____
	Number: _____ Expiration date: _____

4. EDUCATION

School Name/High School or GED Equivalent	City, State, Zip	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Courses of Study and Degree Awarded
College or University	Date Attended From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Attended From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical or Professional Training	Date Attended From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Date Attended From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. EMPLOYMENT HISTORY

*List below **ALL** former employers, beginning with most recent (explain gaps in employment and please use additional sheets if needed)
Please include any other last name under which you would be on record at each place of employment (necessary for references)*

Employer Name	From Mo.-Yr.	To Mo.-Yr.	Job Title and Duties	Why are you considering a change?
Address			Was this job (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Last Salary			
City State Zip	Phone No.		Supervisor/Title	Name When Employed
Employer Name	From Mo.-Yr.	To Mo.-Yr.	Job Title and Duties	Reason for leaving?
Address			Was this job (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual	
	Last Salary			
City State Zip	Phone No.		Supervisor/Title	Name When Employed
Employer Name	From Mo.-Yr.	To Mo.-Yr.	Job Title and Duties	Reason for leaving?
Address			Was this job (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual	
	Last Salary			
City State Zip	Phone No.		Supervisor/Title	Name When Employed
Employer Name	From Mo.-Yr.	To Mo.-Yr.	Job Title and Duties	Reason for leaving?
Address			Was this job (check one): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual	
	Last Salary			
City State Zip	Phone No.		Supervisor/Title	Name When Employed

If there are any gaps in your employment history, please explain: _____

To the best of my knowledge, the information I have provided in this application is true, correct and complete. I understand that falsification of any information given on this application will be cause for immediate discharge if hired. If I am employed by Green Street Surgery Center, LLC, I agree to abide by the policies, rules, regulations and practices of my employer and to provide documentation of employment authorization.

I understand that an offer of employment is contingent upon the results of a medical examination, and/or a check of individual conviction records, and upon the successful completion of a three month introductory period.

I understand that Green Street Surgery Center, LLC requires applicants to take a test to determine the illegal use of drugs.

If employed, I understand that my employment is for no set period of time and may be terminated at-will, with or without cause; further, I understand that no employee or officer of the Green Street Surgery Center, LLC has the authority to enter into an employment contract with me for any period of time on behalf of Green Street Surgery Center, LLC.

I further authorize any employer, schools, or persons listed above to provide Green Street Surgery Center, LLC with information regarding my service and character and unconditionally release that employer from all liability which might result from furnishing same.

Green Street Surgery Center, LLC is held accountable to be 100% compliant with all health rules and regulations. As part of this compliance, the organization must make reasonable inquiries into any and all instances of healthcare fraud and abuse. Green Street Surgery Center, has implemented the use of OIG Medicare/Medicaid sanction report and the GSA Excluded Parties list report. The OIG/GSA report is a database that captures all reported or published fraud and abuse cases against any government agency. I grant permission to Green Street Surgery Center, LLC to investigate any and all healthcare fraud and abuse charges and convictions. I agree to release the organization from any and all liability resulting from such investigation. I understand that omission or misrepresentation of convictions for healthcare fraud and abuse, on my behalf, will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

Date _____ Signature _____

It is the policy of Green Street Surgery Center, LLC to provide equal employment opportunities, without regard to race, color, religion, national origin, sex, age, or disability and strive to establish a workforce that is representative of the community, patients and families that we serve.