

# ADULT PEDIATRIC UROLOGY

## Application for Employment

Conditions of employment are listed at the end of this form. Please read carefully, any questions regarding this statement should be directed to the interviewer before signing this application. An application must be completed in full even if attaching a resume.

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose or limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let Human Resources know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street, city, state, zip)

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ email address: \_\_\_\_\_

What position are you seeking? \_\_\_\_\_

When will you be available to start working if offered a position? \_\_\_\_\_

Desired hourly wage: \_\_\_\_\_ Full time Part time

How were you referred to Adult & Pediatric Urology, P.C.? \_\_\_\_\_

Have you ever been employed with Adult & Pediatric Urology, P.C.? Yes No  
If yes, indicate dates of employment: \_\_\_\_\_

Do you have any friends or relatives working at Adult & Pediatric Urology, P.C.? Yes No  
If yes, who are they? \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? Yes No

Are you at least 18 years of age or older?    Yes                  No

Have you ever worked under a former name? If so, please list: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?    Yes                  No

If yes, please explain: \_\_\_\_\_

(Answering yes does not necessarily disqualify employment eligibility)

If hired, do you have a reliable means of transportation to and from work?    Yes                  No

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration: \_\_\_\_\_

## Education

	Name/Location	Major	Degree Received (Yes or No)	Year Graduated
<b>High School</b>	_____			
<b>College</b>	_____			
<b>Graduate School</b>	_____			
<b>Trade or Business</b>	_____			
<b>Military Service</b>	Yes    No	<b>Duty/Specialized Training</b> _____		

## Periods of Employment

Please fill in your past employment records as completely as possible, starting with your present or most recent employer. **Show unemployment or self-employment and indicate dates and comments for each.**

1. Name of Present or Last Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_  
month    day    year                      month    day    year

Reason for Leaving: \_\_\_\_\_

May we contact employer?    \_\_\_\_ Yes    \_\_\_\_ No

2. Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_  
month day year month day year  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_ Yes \_\_\_\_ No

3. Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_  
month day year month day year  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_ Yes \_\_\_\_ No

4. Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_  
month day year month day year  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_ Yes \_\_\_\_ No

5. Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Ending rate of pay: \_\_\_\_\_  
 From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week: \_\_\_\_\_  
month day year month day year  
 Reason for Leaving: \_\_\_\_\_  
 May we contact employer? \_\_\_\_ Yes \_\_\_\_ No

**List any special training or skills relevant to the position you are seeking:**

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**List any additional information that relates your ability to perform that job for which you have applied, such as licenses or professional memberships, speak languages other than English, etc (list license or certificate numbers).**

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**References (Do not include relatives or past employers)**

	Name	Occupation	Years Known	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Applicant's Statement**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, to provide any information requested about me, and I release them for all liability in providing this information.

I certify that all the statements herein are true and understood that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I read and fully understand the foregoing, and I seek employment under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

**EXPERIENCE/SKILLS:** Place check if you have experience any of the following areas:

**CLERICAL:**

\_\_\_ Medical Insurance  
 \_\_\_ Cashier  
 \_\_\_ Dictaphone  
 \_\_\_ Medical Terminology  
 \_\_\_ Collections/Credit  
 \_\_\_ Admissions

**SPECIAL SKILLS:**

\_\_\_ Adding Machine  
 \_\_\_ Data Entry  
 \_\_\_ Medical Records  
 \_\_\_ Typing Skills  
 \_\_\_ Switchboard  
 \_\_\_ Other: \_\_\_\_\_

\_\_\_ Office Copier  
 \_\_\_ Postage Meter  
 \_\_\_ Fax  
 \_\_\_ Computer Software:  
 \_\_\_\_\_

**PATIENT CARE APPLICATION-**Please check if you have experience in any of the following areas:

\_\_\_ ACLS (Exp. date): \_\_\_\_\_  
 \_\_\_ CPR/BLS Cert. (Exp. date): \_\_\_\_\_  
 \_\_\_ NRP (Exp. date): \_\_\_\_\_  
 \_\_\_ Case Management  
 \_\_\_ Cath Lab  
 \_\_\_ Clinic/Office  
 \_\_\_ Community Health  
 \_\_\_ Coronary Care  
 \_\_\_ Critical Care  
 \_\_\_ Orthopedics

\_\_\_ Emergency  
 \_\_\_ Hospice  
 \_\_\_ Labor & Delivery  
 \_\_\_ Long Term Care  
 \_\_\_ Med/Surg  
 \_\_\_ Neonatology  
 \_\_\_ Nurse in Charge  
 \_\_\_ OB/GYN  
 \_\_\_ Oncology  
 \_\_\_ Other: \_\_\_\_\_

\_\_\_ Pediatrics  
 \_\_\_ Private Duty  
 \_\_\_ Psych  
 \_\_\_ Rehab  
 \_\_\_ Subacute Rehab  
 \_\_\_ Surgery  
 \_\_\_ Telemetry  
 \_\_\_ Urology  
 \_\_\_ Educator

**Please rate your experience in the following areas using this scale:**

**1-No Experience; 2-Limited Experience; 3-Moderate Experience; 4-Very Experienced;  
 5-Expert Level, able to teach**

**IV Skills:**

\_\_\_ Neonatal  
 \_\_\_ Groshong  
 \_\_\_ Piggyback Meds  
 \_\_\_ PICC Line  
 \_\_\_ Hep Lock  
 \_\_\_ Adult  
 \_\_\_ Quick Cath (Butterfly)  
 \_\_\_ Hickman  
 \_\_\_ IV Push  
 \_\_\_ Pediatric

**OTHER:**

\_\_\_ Dressings: \_\_\_ Wet to Dry; \_\_\_ Sterile  
 \_\_\_ Foley Cath: \_\_\_ Male; \_\_\_ Female  
 \_\_\_ Apnea Monitor  
 \_\_\_ Suprapubic Cath Change  
 \_\_\_ Cardiac Monitoring  
 \_\_\_ Staple/Suture removal  
 \_\_\_ Flush catheter  
 \_\_\_ U/S Skills  
 \_\_\_ Familiar with sterile techniques  
 \_\_\_ Autoclaving: \_\_\_ Instruments; \_\_\_ Wraps/Packs