COUNTRYSIDE MEDICAL

A country doc for city folks.

Employment Application

7860 S.W.103rd St. Rd, Bldg 100,
Suite 101 • Ocala, FL 34476
(352) 873-4458 • www.CountrysideMed.com

DO NOT WRITE IN THIS SPACE

PERSONAL DATA Please Print. This application will remain active for 30 days. If you wish to be considered beyond this period, you must contact the Human Resources Department.

Last Name	First Name		Middle Initial	Maiden			Telephone Alternate Telephone (day)		
Present Address	Street	City	State	Zip	Permanent Address	Street	City	State	Zip
If position for which you are applying requires driving a vehicle, please give Driver's License #		Age, if under 18.			Are you legally authorized to work in the U.S.? Yes ☐ No ☐ Proof will be required upon employment.			Social Security No.	
					Do you have any friends or relatives employed? Yes ☐ No ☐ If yes, please give names and positions:				
In the past 10 years, have you ever been convicted, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any crime (except for minor traffic violations) which has not been purged or sealed? An answer of yes will not necessarily disqualify an applicant. Yes ☐ No ☐					If yes, give dates and details:				

EMPLOYMENT INTEREST

Position applying for:		Date available:			Salary expected:		Transportation to get to work:		
☐ Full Time ☐ Part-Time	☐ Pool ☐ Temporary	☐ Day ☐ Evening	☐ Night ☐ Weekend		How were you referred ☐ Classified Ad ☐ Journal Ad ☐ Employee ☐ Career Fair ☐ Other, specify				

EDUCATION

	Name of Institution	City and State	Highest Year Completed	Did you graduate?	Major/Degree	Years Attended
High School						
College						
Graduate School						
Trade/Correspondence						

Describe and specialized training or experience which would be of interest

Do you hold any professional license or certificate?
Yes ☐ No ☐ Type: Number: State of Issue: Expiration Date:

Have you ever been named a defendant in a malpractice law suit?
Yes ☐ No ☐ If yes, please explain:

Have you ever served in the U.S. Armed Forces?
Yes ☐ No ☐ Branch: Dates: Specify and specialized training:

Indicate your experience, as applicable:

Nursing

☐ Psychiatric ☐ Telemetry ☐ Orthopedic ☐ OB/GYN ☐ Recovery Room ☐ IV
☐ CCU ☐ Neurology ☐ Nursery ☐ Emergency ☐ Education
☐ SICU ☐ Med/Surg. ☐ Pediatric ☐ Operating Room ☐ Supervision

Clerical

☐ Calculator ☐ Shorthand_____(wpm) ☐ Typing_____(wpm)
☐ Dictaphone ☐ Bookkeeping ☐ Computer
☐ Medical Terminology ☐ Switchboard

RECORDS OF PREVIOUS EMPLOYMENT

List names of all employers in consecutive order with present or last employer listed first. **Account for all periods of time** including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Use another application if additional space is needed. All information must be complete and accurate.

Name of Present or Last Employer	Address	Dates (Month/Year) From To	Reason for leaving:
Telephone	City, State, Zip	Pay Start $ Final $	Name of Last Supervisor
Your job title and responsibilities:			
Name of Previous Employer	Address	Dates (Month/Year) From To	Reason for leaving:
Telephone	City, State, Zip	Pay Start $ Final $	Name of Last Supervisor
Your job title and responsibilities:			
Name of Previous Employer	Address	Dates (Month/Year) From To	Reason for leaving:
Telephone	City, State, Zip	Pay Start $ Final $	Name of Last Supervisor
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Telephone	City, State, Zip	Pay Start $ Final $	Name of Last Supervisor
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Name of Previous Employer	Address	Dates (Month/Year) From To	Reason for leaving:
Telephone	City, State, Zip	Pay Start $ Final $	Name of Last Supervisor
Your job title and responsibilities:			

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I understand that Countryside Medical may require to the extent permitted by law a medical examination, including but not limited to, drug/alcohol testing either prior to placement or anytime during employment and I hereby consent to take these examinations.

Should I be employed, I understand that such employment will be on a trial probationary period for ninety days from the first date of employment. I further understand that my employment will not result in an employment contract for any specific term that completion of probation does not thereby confer any expectation or confirmation for any definite period.

I certify that the information I have provided on this application is true and accurate. I understand that if I am employed, any false or misleading information given in my application or interview or pre-placement physical is grounds for dismissal. I authorize former employers listed above to give you all information concerning employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand that Countryside Medical may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request with a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I agree to conform to the rules and regulations of Countryside Medical. I agree to work any shift necessary for adequate coverage of the department and agree to work overtime hours if called upon. I understand that my employment can be terminated with or without cause and with or without notice, at any time, at the option of either Countryside Medical or myself.

Non-Discrimination Policy: Countryside Medical is committed to the principle of equal opportunity in employment. Countryside Medical does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender expression, veteran status, or disability.

DO NO SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

Signature____ Date____________________

FOR PERSONNEL USE ONLY:

Full-Time ☐ Part-Time ☐ Temporary ☐ Pool ☐

Hire Date: ______________________________

Position:______________________________

Job Class:______________________________

Department:______________________________

Cost Center:______________________________

EEOC Code:______________________________

Pension Elig. Date:______________________________

Employee No.:______________________________

D.O.B.:______________________________

Salary:______________________________

Minimum: ______________________________

Experience: ______________________________

Total:______________________________

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Department Approval Date