



**EMPLOYMENT APPLICATION**

**Fleming Island Surgery Center**  
1670-B Eagle Harbor Parkway  
Orange Park, Florida 32003

Fleming Island Surgery Center is an equal opportunity employer and does not discriminate against any individual in hiring or any other phase of employment in association with the requirement of local, state and federal laws.

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street

City State Zip Code

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_

If necessary, when is the best time to call you at home? ..... AM PM

May we contact you at work? .....  Yes  No

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s) ..... / /

Have you ever been employed by Fleming Island Surgery Center .....  Yes  No

If yes, give date(s) ..... From / / To / /

Are you a U.S. citizen or legally authorized to work in the United States? .....  Yes  No  
(Note: If hired, you will be required to provide proof of employment eligibility.)

Date Available for Work / / What is your desired annual salary range? \$ -

Type of Employment Desired .....  Full-Time  Part-Time  Temporary

Are you able to work overtime, if required? .....  Yes  No

Have you ever been bonded? .....  Yes  No

Have you been **convicted** of a misdemeanor or felony within the last seven years? .....  Yes  No

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

(Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness of violation, rehabilitation and position applied for will be taken into account.)

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

<p>Employer _____ Telephone _____ (____) _____</p> <p>Address _____ _____</p> <p>Starting Job Title and Final Job Title _____ _____</p> <p>Immediate Supervisor and Title _____ _____</p> <p>Reason for Leaving _____ _____</p> <p>May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>	<p><b>Dates Employed</b> From _____ To _____</p> <hr/> <p><b>Beginning Salary</b> \$ _____ per _____</p> <p><b>Final Salary</b> \$ _____ per _____</p>	<p>Summarize the Type of Work Performed &amp; Job Responsibilities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employer _____ Telephone _____ (____) _____</p> <p>Address _____ _____</p> <p>Starting Job Title and Final Job Title _____ _____</p> <p>Immediate Supervisor and Title _____ _____</p> <p>Reason for Leaving _____ _____</p> <p>May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>	<p><b>Dates Employed</b> From _____ To _____</p> <hr/> <p><b>Beginning Salary</b> \$ _____ per _____</p> <p><b>Final Salary</b> \$ _____ per _____</p>	<p>Summarize the Type of Work Performed &amp; Job Responsibilities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Comments** Including Explanation of any Gaps in Employment \_\_\_\_\_  
\_\_\_\_\_

**Skills & Qualifications** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. Name of School	B. # of Yrs Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

## Professional References

Name	Telephone with Area Code	# Years Known
	( )	
	( )	
	( )	

## Additional Information

List professional, trade, business or civic associations and any offices held. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

Organization	Office Held

List special accomplishments, publications, awards, etc. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

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List any additional information you would like us to consider.

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# Applicant Statement

I certify that all information I have provided in order to apply for and secure work for Fleming Island Surgery Center is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from Fleming Island Surgery Center service, whenever it is discovered.

I expressly authorize, without reservation, Fleming Island Surgery Center, its representatives, employees or agents to contact and obtain information from all references (personal and 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 Fleming Island Surgery Center, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I expressly authorize, without reservation, Fleming Island Surgery Center, its representatives, employees or agents to conduct a pre-employment drug screen and a criminal background search on me. I understand that it is Fleming Island Surgery Center policy to not employ individuals who test positively for illegal substances. And, I understand that is Fleming Island Surgery Center policy to not employ individuals who have a criminal history which may affect the position for which they have applied. Further, I understand that any offer of employment shall be made contingent upon a satisfactory result of these tests.

I understand that Fleming Island Surgery Center does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only thirty (30) days, At the conclusion of that time, if I have not heard from Fleming Island Surgery Center and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Fleming Island Surgery Center reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Fleming Island Surgery Center is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the administrator of Fleming Island Surgery Center.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_