



APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Date of Application: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Present Residence Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Have you ever applied or worked for Andrews Institute ASC before? Yes No

Please list the names of all family members/friends who currently work or who have worked for Andrews Institute ASC.

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

If necessary, please describe what types of accommodations are needed: _____

Do you have the legal right to work and be employed in the U.S.? Yes No
Do you have a reliable means of transportation to and from work? Yes No

EDUCATION

Please list the school names and locations.

Junior High School: _____

High School: _____

College: _____ Major: _____

Degree: _____

Trade, Business or other Correspondence School: _____

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GENERAL INFORMATION

Date you are available to start working: _____ Full-Time? Part-Time?

Days and Hours Available to Work	DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	From	_____						
	To	_____						

BACKGROUND AND CRIMINAL HISTORY CHECK

Andrews Institute ASC conducts **background screenings**, including **criminal histories**.

You MUST answer the following questions completely and truthfully. A “YES” answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of criminal offense(s) and/or intentional torts in relation to the position for which you are applying will be considered. However, **failure to answer the questions in this application truthfully and completely may result in your disqualification from consideration for employment or discharge from employment if you are hired.**

Please note that criminal offenses in your criminal history or intentional torts do not “disappear” from your record after any certain amount of time, and thus you **MUST** disclose all offenses and intentional torts in this application **regardless of how long ago the offense occurred.** If you have any questions, please ask to speak with a Human Resources Manager.

1. Have you **EVER in your life** pled guilty to any crime, criminal offense, or DUI; pled no contest (sometimes known as “nolo contendere”) to any crime, criminal offense, or DUI; had adjudication of guilt withheld for any crime, criminal offense, or DUI; OR been convicted, fined, sentenced, placed on probation, incarcerated, placed on house detention (sometimes called “house arrest”), assessed any costs of criminal court or had any other criminal penalty imposed upon you?

Yes No

If No, Go To #2

- 1A. If the answer to Question 1 above is YES, please identify, explain and give details about the type(s) and circumstances of the crime(s) or criminal offense(s) or matters referred to in Question 1 above:

Background and Criminal History Check –

- 1B. For each crime or criminal offense or matter identified above, please identify:
- a. the dates of the crime, conviction, plea and/or adjudication of guilt withheld AND
 - b. the penalty (ies), sentence, or disposition(s) imposed for each crime or criminal offense or matter:

- 1C. For each crime or criminal offense or matter identified above, please identify the State and location in which each crime or criminal offense or matter occurred:

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2. Have you **EVER in your life** been a defendant or been sued in a civil action or lawsuit for an intentional tort (or an intentional civil wrong, such as, for example, trespass, civil theft, battery, assault, false arrest or imprisonment, employment discrimination or harassment, civil rights violations, slander, libel, fraud or deceptive trade practices)?

Yes No

If No, Go To #3

2A. If the answer to Question 2 above is YES, please identify, explain and give details about the type or nature of each intentional tort claimed against you and circumstances of that claim alleged against you:

2B. For each intentional tort identified above, please:
a. identify the dates of the civil action or lawsuit
b. describe and explain the final disposition or end result of each civil action or lawsuit, AND
c. identify the date of that final disposition or end result:

3. Are you currently on **probation** for a crime, criminal offenses, or in a criminal proceeding or have you been off of such probation **LESS** than one year? Yes No

4. Have you been arrested for any matter for which you are currently out on bail or have been placed on your "own recognizance" pending trial? Yes No

If yes, please give the details and dates of each: _____

Remember that failure to report accurately, truthfully and completely the information requested above may result in your being disqualified from consideration for employment or discharged from employment if you are hired. If you have any questions, please ask to speak with a Human Resources Manager.

SEVERE WEATHER AND DISASTER RESPONSE – EMPLOYEE RESPONSIBILITY

I understand that I will be expected to assist in severe weather and/or disaster preparedness and response as a condition of employment. Employees may be required to remain at the ambulatory surgery center immediately before, during, and after severe weather and/or disaster.

_____ **Initials** - by initialing I signify that I have read, understand and agree with the **Severe Weather and Disaster Response** statement above.

EMPLOYMENT / WORK EXPERIENCE

Please list all of your jobs in the past five years. (If additional pages are needed, please attach.)

Company No. 1 (present or most recent employer): _____

Address: _____ Telephone number: _____

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Employed from (Month & Year): _____ to _____ Ending Rate of Pay: _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Company No. 2 (present or most recent employer): _____

Address: _____ Telephone number: _____

Employed from (Month & Year): _____ to _____ Ending Rate of Pay: _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Company No. 3 (present or most recent employer): _____

Address: _____ Telephone number: _____

Employed from (Month & Year): _____ to _____ Ending Rate of Pay: _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Please list and explain all periods of unemployment in excess of 1 month during the last 5 years

From _____ To _____ Reason for Unemployment _____

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Please summarize any 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.

REFERENCES

Please list the names of 3 persons you have known for at least 1 year (do not include relatives or employers).

Name: _____ Telephone: _____ Years Known: _____

Name: _____ Telephone: _____ Years Known: _____

Name: _____ Telephone: _____ Years Known: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Andrews Institute ASC, LLC (“Andrews Institute ASC, LLC” or the “Company”) unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that my result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. **I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.**

In the event I am hired and in consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its Administrator, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the Administrator and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may also be conditional on the satisfactory completion of a post-offer medical examination.

Signature of Applicant

Date

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Applications should include a resume and cover letter.

Applications can be submitted in any of the following ways:

- » ***emailing to*** – dstock@andrewsinstitutesc.com
- » ***faxing to*** – 850.916.8509
- » ***delivering to*** – Andrews Institute Ambulatory Surgery Center
1040 Gulf Breeze Parkway
Gulf Breeze, Florida 32561

The Andrews Institute Ambulatory Surgery Center offers a competitive benefits and compensation package.

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