Southern Medical Corporation

Upload your completed and signed application through our website page "Apply Now"

APPLICATION FOR EMPLOYMENT

SMC OFFERS EQUAL OPPORTUNITY EMPLOYMENT TO ALL APPLICANTS FOR EMPLOYMENT AND TO ALL EMPLOYEES REGARDLESS OF SEX, AGE, RACE, RELIGIOUS CREED, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION OR DISABILITY.

PLEASE PRINT CLEARLY

PERSONAL DATA: *(Please complete each field in its entirety – indicate "n/a" if the field does not apply)*

Name: _____ Social Security #: XXX-XX-
First Name Middle Initial Last Name

Physical Address: _____ Cell Phone: _____
Street Address Apt #

_____ Other Phone: _____
City State Zip Code

Email Address: _____

List other names under which you have worked *(first or last names, including nicknames)* : _____

Are you a U.S. citizen or authorized to work in the U.S. on an unrestricted basis? ☐ YES ☐ NO

Can you, after employment, submit proof of your legal right to work in the U.S.? ☐ YES ☐ NO

Have you ever been convicted of a felony? ☐ YES ☐ NO

If you answered yes, please give the date, location, and disposition of your case: _____

IN CASE OF EMERGENCY PLEASE CALL:

Name: _____ Cell Phone: _____
First Name Last Name Relation to You

Address: _____ Work Phone: _____
Street Number and Name City State Zip Code

POSITION DESIRED:

Position(s) Applying For: _____ Salary Desired: $ /HR

I understand that applicants who do not meet the minimum qualifications of the position will not be considered for the position. Only those final candidates will be contacted.

Specify desired employment status: ☐ Full-time ☐ Part-time ☐ PRN

Days and hours preferred *(be specific so we can accurately search for open opportunities)*: _____

Were you previously employed by SMC? ☐ YES ☐ NO If yes, when and position? _____

Names of any of your relatives employed by SMC? _____

If an offer is extended to you, when are you available to begin working? _____

How did you become aware of the position for which you are applying? Please give name or source: _____

Do you have a reliable method of transportation to use if you are hired to work for SMC? ☐ YES ☐ NO

EMPLOYMENT HISTORY: *(Must be completed in full, cont'd on page 2 of this application…)*

Are you presently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

List your work experience beginning with the most recent job on **page 2** of this application…

EMPLOYMENT HISTORY: *(Must be completed in full • Start with most recent employer • Include at least past 7 years' experience)*

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
		Company	
Starting Salary	Ending Salary	Address	
$	$	City / State / Zip Code	
		Supervisor / Phone #	Reason for leaving: Select from drop down...

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
		Company	
Starting Salary	Ending Salary	Address	
$	$	City / State / Zip Code	
		Supervisor / Phone #	Reason for leaving: Select from drop down...

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
		Company	
Starting Salary	Ending Salary	Address	
$	$	City / State / Zip Code	
		Supervisor / Phone #	Reason for leaving: Select from drop down...

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
		Company	
Starting Salary	Ending Salary	Address	
$	$	City / State / Zip Code	
		Supervisor / Phone #	Reason for leaving: Select from drop down...

FROM	TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE & DUTIES
		Company	
Starting Salary	Ending Salary	Address	
$	$	City / State / Zip Code	
		Supervisor / Phone #	Reason for leaving: Select from drop down...

EDUCATION AND TRAINING: *(Please attach certifications, credentials and completion certificates to this application)*

EDUCATION: **Attach copy of your completion certificate and/or degree listed below when submitting this application**

NAME OF SCHOOL	ADDRESS OF SCHOOL	# OF YEARS	COURSE OR MAJOR	DIPLOMA/DEGREE

PROFESSIONAL AND TECHNICAL TRAINING: **Attach copy of your active licensure or certification listed below when submitting this application**

PROFESSIONAL LICENSE NO.	TYPE OF LICENSE	PLACE OF ISSUE	EXPIRATION DATE

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:

If you are licensed, has your license ever been suspended or revoked or are you currently involved in any proceeding that could affect you license or certification?

☐ YES ☐ NO If yes, please give the date, location, and disposition of your case:

BUSINESS REFERENCES: *(Do not list personal relatives)*

NAME / OCCUPATION	ADDRESS (CITY & STATE)	PHONE NUMBER

ADDITIONAL INFORMATION AND QUALIFICATIONS:

Please use the space below for any additional skills you have acquired to describe your qualifications (i.e. - specialty areas such as ICU, ER, specific equipment knowledge, computer software programs, etc.)

Microsoft Office: ☐ Word ☐ Excel ☐ PowerPoint ☐ Publisher ☐ Dynamics ☐ Access **Typing – Words per Minute:**

Do you speak, read or write in any language other than English? ☐ YES ☐ NO
If yes, please list: _____

PLEASE READ CAREFULLY, THEN SIGN & DATE THE BOTTOM OF PAGE

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTIONS UNTIL AFTER YOU HAVE READ AND/OR DISCUSSED THE JOB DISCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING.

Are you able to perform the functions of the job for which you are applying? ☐ **YES** ☐ **NO**

If there is an accommodation which would allow you to perform the functions of the job, please describe how you would perform those functions with or without that accommodation:

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and agree to have any of the statements checked or verified by Southern Medical Corporation unless I have indicated to the contrary.

I understand that Southern Medical Corporation will share my information regarding payroll, employee records and any other information with its affiliate, Southern Medical Corporation. Southern Medical Corporation will process payroll and human resource activities.

I am aware that a more detailed investigation concerning background and credit may also be conducted, if applicable to the job for which I am applying, and I hereby authorize such an investigation.

I understand that employment is contingent upon satisfactory completion of reference checks and that, upon my written request, information on the nature and scope of an inquiry, if one is made, will be provided to me.

Should a job offer be made, I consent to taking a pre-employment physical examination and such future examinations as may be required by Southern Medical Corporation. I understand that any job offer or my continuing employment, if hired, is contingent upon my being physically, mentally and medically able, with or without reasonable accommodation, to successfully perform the essential functions of my job. I agree that the results of my medical/health screen may be released to appropriate agencies in the event of a worker's compensation injury and/or dispute on payment of a medical claim.

I understand that as part of my pre-employment physical examination, upon which any employment or offer of employment is contingent, I will be required to successfully pass a drug-screening test. The test will be administered at Southern Medical Corporation' expense, and will require me to provide a urine specimen for analysis. The urine specimen may be analyzed for the presence of marijuana, cocaine, phencyclidine (PCP), opiates, amphetamines, barbiturates, benzodiazepine, and THC. Results of the drug test are confidential, and will not be disclosed to any entity outside of Southern Medical Corporation without my specific written consent. My signature below specifically signifies my consent to this pre-employment drug-screening test.

I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in this employment application is intended to lead to or create an employment contract between Southern Medical Corporation and/or any affiliate and myself which would in any way restrict the right of the company to terminate my employment at will.

I further understand and agree that the employment relationship that may result from my application will be employment-at-will, and either I or Southern Medical Corporation or any affiliate may terminate the relationship at any time.

I understand that any omission, misrepresentation or falsification can be grounds for refusal of employment. I further understand that, if employed, any false statements or misrepresentations herein or in conjunction with the application process may be cause for dismissal.

I understand that any and all disputes regarding my employment with Southern Medical Corporation, including any disputes relating to the termination of my employment, are subject to the Southern Medical Corporation Fair Treatment Process, which includes final and binding arbitration, and I also understand and agree, as a condition of employment and continued employment, to submit any such disputes for resolution under that process, and I further agree to abide by and accept the decision of the Arbitration panel as the final and binding decision and resolution of any such disputes I may have.

Applicant's Signature **Today's Date**

~ This page MUST be signed by applicant before pre-employment screening can proceed. ~

** OFFICE USE ONLY **

DISPOSTION: ***(TO BE COMPLETED BY DIRECTOR / SUPERVISOR UPON OFFER OF EMPLOYMENT)***

POSITION _____ **STATUS** ☐ Full-time ☐ Part-time ☐ PRN

DEPARTMENT _____ **LOCATION** _____

SUPERVISOR _____ **START DATE** _____

OFFICE KEY Yes ☐ No ☐ **ACCESS CODE** Yes ☐ No ☐ **PAY RATE** $ _____ /HR

EMAIL REQ'D Yes ☐ No ☐ *PLEASE ADVISE BELOW ANY OTHER REQUIREMENTS OR CREDENTIALS OF THE POSITION TO KEEP IN PERSONNEL FILE*

COMMENTS _____

COMMISSIONED SUPERVISOR OR DIVISIONAL MANAGER APPROVAL **DATE APPROVED**

If applicant is considered for employment, this page is required in order for pre-employment screening process to begin. All areas must be completed by a commissioned supervisor or divisional manager in order for employment approval. This application in its entirety must be completed and given to Human Resources prior to applicant's pre-employment screening.