



ADVANCED Surgical Hospital

EMPLOYMENT APPLICATION

An Equal Opportunity Employer.
We comply with all applicable state and federal civil rights and equal employment laws and regulations.

To apply by Email: Save PDF to your computer
Click in boxes to type
Save as "YOURNAME.pdf"
Email PDF & Resume to: Lisa.Phillis@scasurgery.com

To apply by Fax or Mail: Print PDF & Complete Application
Fax App & Resume to: **724-884-0721**
Mail App & Resume to: **Advanced Surgical Hospital**
Attn: HR/Credentials
100 Trich Drive Suite 1
Washington, PA 15301

LAST NAME			FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS				CITY	STATE	ZIP
PHONE NUMBER						EMAIL

PERSONAL INFORMATION

POSITION(S) APPLIED FOR	CURRENT & DESIRED SALARY	DATE AVAILABLE FOR WORK
HOW WERE YOU REFERRED TO THIS FACILITY?	YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU OVER 18 YEARS OLD?	ARE YOU APPLYING FOR: <input type="checkbox"/> PRN <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY
YES <input type="checkbox"/> NO <input type="checkbox"/> RELATIVES OR FRIENDS EMPLOYED IN THIS FACILITY? IF YES: POSITION & DATE	YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	WOULD YOU CONSIDER WORKING: <input type="checkbox"/> WEEKENDS & HOLIDAYS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> ON CALL <input type="checkbox"/> ANY SHIFT
YES <input type="checkbox"/> NO <input type="checkbox"/> HAVE YOU BEEN CONVICTED OF A FELONY? IF YES: EXPLAIN <i>A felony conviction does not automatically disqualify you from employment.</i>		

EDUCATION/SKILLS

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER (Business College, Other Special Courses (include Special Military Training, Post Graduate and Nursing))					
AREA OF SPECIALIZATION OR MAJOR INTEREST					TYPING (APPROXIMATE WPM)
LIST HEALTH CARE, BUSINESS, OR INDUSTRIAL EQUIPMENT OPERATED					

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

ARE YOU CURRENTLY: REGISTERED LICENSED CERTIFIED

ARE YOU ELIGIBLE FOR: REGISTERED LICENSED CERTIFIED

IF LICENSED, REGISTERED OR CERTIFIED	TYPE	STATE ISSUED	DATE	NUMBER
1				
2				
3				

EMPLOYMENT HISTORY

LIST NAME, ADDRESS AND PHONE NUMBER OF PREVIOUS EMPLOYERS WITH MOST RECENT FIRST

<input type="text"/>			
JOB TITLE	FROM – TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<input type="text"/>		<input type="text"/>	
EMPLOYER NAME	PHONE		
<input type="text"/>			
ADDRESS			
<input type="text"/>			
DUTIES			
<input type="text"/>			
REASON FOR LEAVING			

<input type="text"/>			
JOB TITLE	FROM – TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<input type="text"/>		<input type="text"/>	
EMPLOYER NAME	PHONE		
<input type="text"/>			
ADDRESS			
<input type="text"/>			
DUTIES			
<input type="text"/>			
REASON FOR LEAVING			

<input type="text"/>			
JOB TITLE	FROM – TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<input type="text"/>		<input type="text"/>	
EMPLOYER NAME	PHONE		
<input type="text"/>			
ADDRESS			
<input type="text"/>			
DUTIES			
<input type="text"/>			
REASON FOR LEAVING			

<input type="text"/>			
JOB TITLE	FROM – TO	IMMEDIATE SUPERVISOR	LAST SALARY Hourly, Monthly or Yearly
<input type="text"/>		<input type="text"/>	
EMPLOYER NAME	PHONE		
<input type="text"/>			
ADDRESS			
<input type="text"/>			
DUTIES			
<input type="text"/>			
REASON FOR LEAVING			

REFERRALS

NAME	PHONE

NAME	PHONE

NAME	PHONE

NAME	PHONE

DRUG AND ALCOHOL POLICY

It is the intent of this Hospital to provide a working environment as free from the use of non-prescribed drugs and alcohol as reasonably possible. Given the easy access to controlled substances in the health care setting and the potential risks to patients and others if health care employees are attempting to perform their duties while using or having used drugs or alcohol, this Hospital has adopted the following policy regarding drugs and alcohol:

1. The sale, manufacture, distribution, purchase, use, possession, reporting to work, or working while impaired by intoxicants, non-prescribed narcotics, hallucinogenic drugs, marijuana, or other non-prescribed controlled substances is prohibited while on this HOSPITAL property or during working hours.
2. The distribution, sale, purchase, use or possession of equipment, products, and materials which are intended for use, or designed for use with non-prescribed controlled substances also is prohibited while on this HOSPITAL property or during working hours.
3. Reporting to or being at work with a measurable quantity of prescribed narcotics in the blood or urine or use of prescribed narcotics is also prohibited where in the opinion of this HOSPITAL such use prevents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, other persons or property.
4. All applicants for employment may be required to submit to a drug/alcohol test at pre-employment or any time during employment. If such testing indicates the presence of a measurable quantity of drugs/alcohol in the body, the candidate will be disqualified from further hiring consideration. Likewise, refusal to take the drug/alcohol test will also disqualify the candidate from further hiring consideration.

APPLICANT'S STATEMENT

This HOSPITAL has adopted a Drug and Alcohol Policy applicable to all of its applicants and employees. A copy of this policy will be provided to you upon request or employment.

I certify that I have read and understand this HOSPITAL's Drug and Alcohol Policy and I further agree and consent to taking any blood, "breathalyzer" or urinalysis tests requested by this HOSPITAL as part of a pre-employment physical or otherwise and authorize release of any test results to this HOSPITAL. If hired by this HOSPITAL, I hereby give my consent to any drug or alcohol testing as may be required by this HOSPITAL and authorize release of any such test results to the HOSPITAL.

DATE

APPLICANT'S SIGNATURE

I hereby state that the information given by me in this application is true in all respects. I understand that any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of employment, or if employed cause me to be subject to dismissal without notice at any time.

I agree that my employment may be terminated by this HOSPITAL at any time, with or without good cause, without liability for wages or salary except that earned at the time of termination.

I agree to search of my person or of any locker or property assigned to me, and hereby waive all claims for damages on account of such examination.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with this HOSPITAL. I understand that my employment is dependent upon my passing a physical examination.

I understand that business needs may make the following conditions mandatory: overtime, shift work, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

It is my understanding that this HOSPITAL may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews.

I authorize such investigation and the giving and receiving of any information requested by this HOSPITAL and I release from liability any person giving or receiving such information.

I authorize the Hospital to do a criminal background check. I release from liability any person giving or receiving such information.

I understand that this is an application for employment and that no employment contract is being offered.

I understand that if I am employed, such employment is for an indefinite period of time and that this HOSPITAL can change wages, benefits and conditions at any time.

A basic part of medical ethics is that all information concerning patients (their conditions, treatment and financial information), their doctors and your fellow employees, as well as personal information concerning bonuses and or pay raises remain strictly confidential, any violation of confidentiality could result in discharge.

I have read, understand, and agree to the above.

DATE

APPLICANT'S SIGNATURE