



Employment Application

Applicant Instructions: If you need help filling out this application form or during any phase of the employment process, please notify the person who provided you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

- Please read "APPLICANT NOTE" below.
- Complete all sections.
- If more space is needed to complete any questions, use the comments section at the bottom of this page.
- Please print clearly. Incomplete or illegible applications will not be processed.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Port Jefferson Surgery Center is an at-will employer. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination regardless of gender, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

General Information:

For which position are you applying? _____

What are your salary expectations? _____

How did you come across this job opportunity? _____

What date can you start? _____ What category would you prefer? Full-Time Part-Time Temp

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other

Have you ever applied here before? Yes No If yes, when: _____

Have you ever worked here before? Yes No If yes, when: _____

Do you have relatives* working here? Yes No

*Relatives are: spouse, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent/child/sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew.

If so, please provide name(s), relationship(s), and work area(s): _____

Job-Related Skills: (Please do not fill out any part of this section you believe to be non-job related.)

Have you been given a job description or had the requirements of the job explained to you? Yes No

Today's Date: _____

Name: _____
(Last) (First) (M.I.)

Social Security Number: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Current Address: _____

Previous Address: _____

Do you understand these requirements? Yes No

Can you perform the requirements of this job with or without reasonable accommodation? Yes No

Please list languages in which you are fluent: _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company:

Comments: _____

Education: Please circle highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than above, please enter that name: _____

High School/GED Certificate City/State Graduate? Certificate #

College City/State Graduate? Degree?

Other City/State Graduate? Degree?

State License or Registry Number (include license/registry held in all states): _____

Military Service:

Branch of Service: _____ Rank/Rate at Discharge: _____

Active Duty Service Dates: From _____ To _____

Describe your service duties and any special training you received: _____

Additional Background Information:

Have you used any names or Social Security Numbers other than that given above? If so, please list below.

Previous Employers: (Please note: Your application will not be considered unless every question in this section is answered. We will make every effort to contact previous employers. The correct telephone numbers of past employers are essential.)

Most Recent Employer: Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Company Name
Most Recent Employer Continued:

City, State

Supervisor Name

Phone Number(s)

Dates Employed: From _____ To _____

Job Title

Duties

Reason for leaving

Second Most Recent Employer:

Company Name

City, State

Supervisor Name

Phone Number(s)

Dates Employed: From _____ To _____

Job Title

Duties

Reason for leaving

Third Most Recent Employer:

Company Name

City, State

Supervisor Name

Phone Number(s)

Dates Employed: From _____ To _____

Job Title

Duties

Reason for leaving

References: (Please include only those individuals who are familiar with your work ability. You must list at least two former managers/supervisors. Do not include relatives.)

- | | | |
|------------------|-----------------------|---------------------------------|
| 1. _____
Name | _____
Phone Number | _____
Yrs known/Relationship |
| 2. _____
Name | _____
Phone Number | _____
Yrs known/Relationship |
| 3. _____
Name | _____
Phone Number | _____
Yrs known/Relationship |

Certification and Release: I certify that I have read and understand the applicant note on page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the companies and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. If hired, I will observe the company's non-smoking policy which limits use of tobacco products to designated areas during personal time only (breaks, lunch).

Signature

Date

Please submit your completed application to us as follows:

1. Mail to us: Port Jefferson Surgery Center at PO Box 269, Port Jefferson Station, NY 11776
2. Email Kirk Lagonegro at klagonegro@pinnacleiii.com ***Should you email your application please omit your social security number**

Permission to Share Application: *Should Port Jefferson Surgery Center not have any available and open positions that fit your needs and qualifications, by signing below you agree to allow Port Jefferson Surgery Center to share your application with another affiliated entity, similar to the one you applied with. The affiliated entity will review your application for employment and reach out to you to discuss potential employment opportunities with them if a suitable position is available.*

Signature

Date