

# Oklahoma Spine Hospital

## Application for Employment

Please Print or Type:

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

Read and answer all questions completely. Feel free to attach your resume; however, all sections MUST be completed

### Personal Data

Name (Last, First, Middle)

Social Security Number:

Address (Number & Street)

City, State, Zip Code:

Phone Numbers:

Home: ( ) :

Alternate: ( ) :

Position(s) applied for (please be specific):

Monthly

Salary

Desired:

Do You Prefer

Full-Time

Per-Diem

Part-Time

Temporary

How were you referred to us:

Name of agency, newspaper, employee, et

Are you free to travel?

yes no

Are you free to relocate?

yes no

If yes, geographical preference(s):

Do you have the legal right to be employed in the United States? yes no

*If offered a position, the Immigration Reform & Control Act of 1986 requires you to furnish proof of your employment authorization and your identity before you can begin work.*

### Education

Name(s) used on school records (if different from above):

Schools	Name & Address of School	Dates Attended				Degree or Highest Grade Completed	Major
		From	Month/Year	To	Month/Year		
High School							
College(s)							
Graduate School							
Technical, Business or Other							

Now attending:

(circle one)

Undergraduate School

Graduate School

% Completed

### Special Qualifications

List any job-related organizations of which you are a member:

List all medical equipment you have experience operating (i.e., ventilator):

What computer experience do you have?

Professional and/or Personal Development courses (i.e., CPR, ACLS):

Special Qualifications: (any additional strengths or skills that you feel would be an asset to Oklahoma Spine Hospital)

## Employment History

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

If still employed, may we contact your present employer? Yes No

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

Dates of Employment (Month, Year):		Position	Monthly Salary:
From:	To:		
Firm Name:		Type of Business:	
Address (Number & Street):		City, State, Zip Code:	Phone Number:
Name under which you were employed (if different):		Name & Title of immediate supervisor:	
Responsibilities:			
Reason for leaving:			

**References**

Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:
Name:		Title:
Company:		
Address (Number & Street):	City, State, Zip Code:	Phone Number:

**Additional Personal Data**

Are you able to perform the essential function of the job for which you have applied with or without or without reasonable accomodation?  
If no, please explain.

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Have you been convicted of a felony within the past five years?  
(An affirmative response will not automatically disqualify you from being a candidate for employment.)  
If yes, please explain.

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If you are under 18, do you have a work permit?

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**Please Read Carefully**

I certify that the statements indicated herein are true and correct to the best of my knowledge and I understand that falsification or omission of an information could result in termination of my employment

I acknowledge the fact that this Application for Employment will be active for 60 days; after this time period, I must reapply for further consideration

I also understand that any offer of employment may be contingent upon a satisfactory credit and criminal record. I understand tha Oklahoma Spine Hospital requires the satisfactory completion of a drug screen as a condition of employment. By submitting thi: application for employment, I hereby consent to the drug screen

This Application for Employment is not a contract and cannot create a contract. If employed by Oklahoma Spine Hospital, I agree to abide by its rule and regulations. I understand that my employment would be "at-will" and could be terminated at any time by either party, with or without cause and wit or without notice.

This understanding supersedes all prior agreements and representations, and any subsequent understanding which affects this arrangement must be writing and signed by the Chief Administrative Officer of Oklahoma Spine Hospital

Signature	Date
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**For Human Resources Department Use Only**

Office Location	Bi-Weekly Salary	Hire Date
Department	Position	Grade/Hay Points and Job Code
Supervisor	HR Representative	Work Telephone Number

## Educational Release Authorization

NOTE: This Release Authorization must include all institutions which you have attended ~~after~~ after high school

I hereby authorize the following institutions to release to Oklahoma Spine Hospital verification of my attendance at:

School:	City,	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
School:	City,	State	Graduation Date (if applicable)
Degree/Major:			I attended under the name of:
Signature:			Date:
Social Security Number:			

## Authorization

I authorize Oklahoma Spine Hospital to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize Oklahoma Spine Hospital in its sole discretion, to furnish copies of this authorization and my application to any person(s) in connection with the above purposes.

## Disclosure Statement

Information contained in reports obtained by Oklahoma Spine Hospital in accordance with the above authorization may include information pertaining to my character, general reputation, police records, and personal characteristics. I have the right to request that Oklahoma Spine Hospital completely and accurately disclose to me the nature and scope of all investigations requested. Such a request must be made in writing to the human resources department within a reasonable period of time after my application for employment is received.

I hereby acknowledge that I have read the above and have understood it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date