

Do you have any other experience, training, qualifications, or skills which would apply to the position for which you are applying? Please list:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	State Issued	Date	Number
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EMPLOYMENT HISTORY

Please list your employment record, including any periods of unemployment. Begin with your most recent employer. If you were employed under another name, please enter under the company name. Attach a resume only to supplement the information below. This application form must be completely filled out.

Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (Month and Year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (Month and Year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name	Company Address	Telephone ()
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Company Name	Company Address	Telephone ()
Name of Supervisor	Employed (Month and Year) From To	Reason for leaving
State job title, nature of work performed, and job responsibilities		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Ambulatory Surgery Center of WNY

3112 Sheridan Drive

Amherst, NY 14226

REFERENCES

List business or educational references of three non-relatives who are qualified to evaluate your education or work experience.

Name:	Address:	Position:	Telephone No.

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 understand that employment at the surgery center is on an at will basis and that employment is not offered, contracted or guaranteed for any specific period of time. I understand that employment may be terminated by either party at any time, with or without cause, and with or without notice.

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 ASC. I understand that my employment is dependent upon my passing a physical exam.

I understand that business needs may make the following conditions mandatory; overtime, shift work, or a work schedule other than Monday through Friday.

It is my understanding that this ASC 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 ASC and 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 ASC 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.

Applicant's Signature _____

Date _____

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DRUG AND ALCOHOL POLICY

It is the intent of this ASC 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 ASC 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 ASC 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 prohibited while on this ASC 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 ASC 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 that 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 ASC has adopted a Drug and Alcohol Policy applicable to all of its applicants and employees. A copy of this policy will be provided upon request or employment.

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

Applicant's Signature _____

Date _____

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