

SAGAMORE SURGICAL SERVICES, INC.
2320 CONCORD ROAD, SUITE B
LAFAYETTE, INDIANA 47909-2710

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, PAST OR PRESENT DISABILITY, SEX, OR ANY OTHER CHARACTERISTIC PROTECTED BY THE APPLICABLE STATE AND FEDERAL LAWS.

EMPLOYMENT APPLICATION

(Please Print)

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Soc Sec # _____

E-Mail: _____

1. If you are under 18 years of age, can you provide proof of eligibility to work?
_____ Yes _____ No

2. Have you ever been convicted of a felony? _____ Yes _____ No
If yes, please explain: _____

3. Are you physically or mentally unable to perform the duties of the job for which
you are applying? _____ Yes _____ No
If yes, please explain: _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary requirements _____
Full time _____ Part time _____ If part-time, indicate number of hours per week desired _____

Are you currently employed? _____ Yes _____ No

If yes, may we contact your present employer? _____ Yes _____ No

Have you ever applied to the Center before? _____ Yes _____ No Date _____

EDUCATION

High School _____ Graduation Date _____

College _____ Graduation Date _____

Degree _____

Trade/Vocation School _____ Graduation Date _____

Degree/Certificate _____

Sagamore Surgical Services, Inc.

EDUCATION Continued

Professional License and/or Certification

Type _____ Number _____ Expiration _____

Type _____ Number _____ Expiration _____

Special Skills and Training:

EMPLOYMENT HISTORY

You may skip this section if accompanied by resume' which includes all requested information.

Employer #1 _____

-

Contact Person _____ Title _____

Address _____ Phone _____

-

Position Held _____ From _____ To _____

Reason for Leaving _____

-

Employer #2 _____

-

Contact Person _____ Title _____

Address _____ Phone _____

-

Position Held _____ From _____ To _____

Reason for Leaving _____

-

Employer #3 _____

-

Contact Person _____ Title _____

Address _____ Phone _____

—

Position Held _____ From _____ To _____

Reason for Leaving _____

—

Sagamore Surgical Services, Inc.

Page 3

REFERENCES

Please list persons who are not related or former employers

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT FROM THIS APPLICATION OR DURING ANY INTERVIEW WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I HEREBY AUTHORIZE THE COMPANY TO OBTAIN REFERENCE INFORMATION ABOUT ME AND RELEASE ALL PERSONS FROM LIABILITY FOR DOING SO.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT. NO REPRESENTATIVE OR AGENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY, PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY THE COMPANY PRESIDENT AND ADMINISTRATOR, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENT.

Date

Signature of applicant

**Sagamore Surgical Services, Inc.
Employment Application**

Page 4

DO NOT WRITE IN THIS SECTION

Applicant Name _____

Reviewed By _____

Remarks _____

Neatness _____ **Character** _____

Personality _____ **Qualifications** _____

Hired _____ **Position** _____

Start Date _____ **Salary/Wages** _____ **Approved** _____