



## Application for Employment

PLEASE PRINT OR TYPE. DO NOT LEAVE ANY BLANKS AND USE N/A IF NEEDED. IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION, PLEASE CONTACT ANDREW DURDIN OF ANESTHESIOLOGY GROUP ASSOCIATES, INC. AT (225) 214-6436 OR [adurdin@csmedicalus.com](mailto:adurdin@csmedicalus.com).

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Driver's License No: \_\_\_\_\_ State Issued: \_\_\_\_\_ Birth Place(city,state): \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Type of employment desired: FULL-TIME  PART-TIME  INDEPENDENT CONTRACTOR/1099

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES  NO  If yes, please provide date(s) and details on separate page.

Have you ever had disciplinary action pending or taken regarding any health license, Certification registration or permit you hold or have held, including participation in the recovering nurse program? YES  NO  If yes, please provide date(s) and details on separate page.

Have you ever been denied a license, certification, registration or permit to practice in a Regulated health occupation? YES  NO  If yes, please provide date(s) and details on separate page

Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? YES  NO  If yes, please provide date(s) and details on separate page

Have you ever had a malpractice judgment against you or settled any malpractice action? YES  NO  If yes, please provide date(s) and details on separate page

ANSWERING "YES" TO THE ABOVE 5 QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

## Education

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

*Please list three individuals who you will ask to provide references. **Person writing this reference must either e-mail reference to [adurdin@csmedicalus.com](mailto:adurdin@csmedicalus.com) or mail reference to the AG office in a sealed envelope.***

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Applicant Statement & Signature**

*I certify that all information I have provided in order to apply for and secure work with Anesthesiology Group Associates, Inc. is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.*

*I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.*

*I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate how you were referred to this company:

\_\_\_\_\_