

# Application For Employment

As an Equal Opportunity Employer, USPI prohibits discrimination in employment on the basis of race, color, religion, national origin, gender, disability or age.



# United Surgical Partners

I N T E R N A T I O N A L



Medical Center at Trophy Club

2850 E. State Highway 114 Δ Trophy Club, Texas 76262 Δ Tel: (817) 837-4600 Δ Fax: (817) 837-4610

## PERSONAL INFORMATION

Print or Type clearly and neatly.

LAST NAME		FIRST NAME		MIDDLE NAME	PREFERRED NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS						HOME PHONE
CITY	STATE	ZIP CODE	EMAIL ADDRESS		ALTERNATE PHONE	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS						
WHO MAY WE CONTACT IN CASE OF AN EMERGENCY?					TELEPHONE NUMBER	

## POSITION INFORMATION

Candidates may apply for one position per application.

POSITION TITLE		JOB NO./LOCATION		SEEKING			
				Full-Time	Part-Time	PRN/Supplemental	
TOTAL YEARS OF EXPERIENCE IN POSITION APPLYING FOR:				Day	Evenings	Rotating Schd	Any
TARGET SALARY	TARGET START DATE			WEEKEND AVAILABILITY			
				Every Weekend	Alter. Weekends	No Weekends	
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT USPI BEFORE?				If yes, when?		Disposition?	

## EDUCATION and TRAINING

	Graduation Date	Name of Institution and Location	Degree/Program
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
TRADE SCHOOL			

LIST ANY SPECIAL SKILLS WHICH YOU ARE QUALIFIED AND EXPERIENCED (e.g. Typing, Software, Etc.)

## PROFESSIONAL CREDENTIAL(S)/AFFILIATION(S)

CERTIFICATION/LICENSURE	ACCREDITING ORGANIZATION	EXPIRATION DATE	PROFESSIONAL MEMBERSHIP

Has your license (in any jurisdiction that you may have been licensed in) ever been investigated, suspended or revoked?

If yes, please detail the circumstances and the final outcome: (An affirmative answer will not disqualify you from being considered as an employment candidate)

**Fax completed application to 'Trophy Club Medical Center Attn: Human Resources' at (817) 837-4610  
To apply on-line go to [www.tc-mc.com](http://www.tc-mc.com) and email application to: [atrosclair@unitedsurgical.com](mailto:atrosclair@unitedsurgical.com)**

HEALTH CARE SPECIALTY			
AREA		YEARS EXPERIENCE	
AREA		YEARS EXPERIENCE	
AREA		YEARS EXPERIENCE	
AREA		YEARS EXPERIENCE	
AREA		YEARS EXPERIENCE	
PLEASE INDICATE WHICH OF THE FOLLOWING CREDENTIALS YOU CURRENTLY HOLD			
CPR	Exp. Date	OCN	Exp. Date
ACLS	Exp. Date	CNOR	Exp. Date
PALS	Exp. Date	CRRN	Exp. Date
NALS	Exp. Date	CCRN	Exp. Date
CEN	Exp. Date	EKG Course	Completion Date
Other	Exp. Date	Critical Care Crs	Completion Date
IV Therapy Course	Completion Date	Other Courses	Completion Date
LIST ANY OTHER EDUCATION TRAINING, SPECIAL SKILLS or CERTIFICATES/LICENSES THAT YOU POSSESS THAT ARE RELATED TO THIS JOB.			
GENERAL INFORMATION			
LIST ANY FOREIGN LANGUAGES THAT YOU FLUENTLY SPEAK.		READ	WRITE
MILITARY EXPERIENCE?	If, YES, what branch?	Rank:	
FROM	To	LIST DUTIES IN SERVICE	
CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES?			
ARE YOU 16 YEARS OLD OR OVER?		IF UNDER 18, STATE AGE:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST TO A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) IF YES, PLEASE EXPLAIN below.			
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POTENTIAL JOB?			
DO YOU REQUIRE ANY ACCOMMODATION TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB?			
IF YES, PLEASE EXPLAIN.			
IF YOU ARE PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER?			
HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY USPI OR ANY OF ITS AFFILIATED COMPANIES?			
IF YES, WHAT WERE YOUR DATES OF EMPLOYMENT?		From	To
IF YES, WHAT WAS THE NAME OF THE FACILITY?			
IF YES, WHAT WAS YOUR NAME WHEN YOU WERE PREVIOUSLY EMPLOYED?			
ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN EXCLUDED, SUSPENDED, OR OTHERWISE BEEN INELIGIBLE FOR PARTICIPATION IN FEDERAL PROGRAMS, OR DO YOU HAVE A CONTROLLING INTEREST IN AN ENTITY THAT HAS BEEN SO EXCLUDED OR SUSPENDED? HAVE YOU EVER BEEN SANCTIONED, DISCIPLINED, DEBARRED, AND/OR EXCLUDED BY A DULY AUTHORIZED AGENCY, OR ARE THERE CURRENT RESTRICTIONS/LIMITS ON YOUR LICENSE OR CERTIFICATION?			
IF YES, PLEASE EXPLAIN.			
HAVE YOU HELD JOBS IN THE PAST TEN YEARS OTHER THAN THOSE LISTED ON THIS APPLICATION?			
HAVE YOU EVER BEEN TERMINATED FROM A JOB OR RESIGNED FROM A JOB AS AN ALTERNATIVE TO TERMINATION?			
HAVE YOU EVER BEEN DISCIPLINED/WARNED BY EMPLOYER FOR EXCESSIVE ABSENCE, LATENESS, OR POOR JOB PERFORMANCE?			
IF YES, WHICH ONE?			
ARE YOU PRESENTLY UNDER AN EMPLOYMENT CONTRACT?		IF YES, WHEN DOES IT EXPIRE?	
DO YOU CURRENTLY HAVE ANY RELATIVE(S), OR PERSONS WITH WHOM YOU ARE INVOLVED IN A CLOSE PERSONAL RELATIONSHIP, EMPLOYED BY USPI?			
IF YES, LIST:			

**EMPLOYMENT HISTORY**

List all positions held in the past ten years, beginning with most recent employment.

NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE
NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE
NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
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NAME OF COMPANY/ORGANIZATION		TYPE OF COMPANY/BUSINESS/INDUSTRY		CITY/STATE	
START DATE	END DATE	JOB TITLE		REASON FOR LEAVING	
STARTING SALARY		FINAL SALARY	YOUR NAME WHEN EMPLOYED	SUPERVISOR NAME	SUPERVISOR TELEPHONE
Please give explanation of any lapses in employment dates above:					

**PROFESSIONAL REFERENCES**

List three individuals - minimum of two (2) supervisory references.

	NAME AND ADDRESS	OCCUPATION	PHONE
1			
2			
3			

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, race, religion, color, national origin or handicap).

**AGREEMENT**

PLEASE READ THE FOLLOWING CAREFULLY.

By signing below, I certify that the information I have provided on this application is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application or termination. I also certify that I have read, understand, and authorize any person, agency, or other entity contacted by USPI or its agents to furnish the information listed below.

I hereby authorize USPI to conduct work history, education, personal reference or police record inquiries to determine my acceptability for employment. I authorize USPI and its agents to procure a consumer report and/or investigate consumer report about my background, character or reputation, including but not limited to information as to my employment, education, consumer credit history (if appropriate for certain job descriptions), driving record, social security number verification, criminal record, and/or other public record history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies, and government or other agencies disclosing such information. If further authorize a photocopy of this authorization to be considered an original.

I understand that this employer agrees that it will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under this employer's workers' compensation insurance policy.

I understand, and agree that as a condition of employment, I will be required to submit to an employment physical examination and a drug screen, and other physical examinations consistent with law during my employment at USPI. I may, at the discretion of USPI be required to submit to a drug screen upon request during my employment. I further agree, if employed, to observe all rules, regulations and policies of USPI and participate in USPI's EDGE program, which focuses on providing excellence to its patients and surgeons. Additionally, I comprehend USPI's commitment to its Code of Conduct, Compliance Plan and anti-harassment policies and further agree, if employed, to carefully review and abide by these policies. If I am employed at USPI, I understand that my employment can be terminated without cause and without notice, at any time, at the option of USPI.

APPLICANT SIGNATURE:

DATE:

**REFERRAL SOURCE**

INDICATE SPECIFICALLY HOW YOU HEARD ABOUT POSITION OPENINGS WITH USPI.

Rehire:	Internet:	UnitedSurgical.com:	Referral:	Other:
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**FOR INTERNAL PURPOSES ONLY**

Application Received By	Application Forward To	Date Forwarded	Comments