

Urology of Central Pennsylvania

Application for Employment

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for: _____ Date of Application: _____

Name: _____ Social Security#: _____
 Last First Middle

Address: _____
 Street City State Zip

Telephone#: _____ Cell Phone#: _____ E-Mail Address: _____

Referral Source (How did you hear about us?) _____

Have you ever been employed here before? Yes No
 If yes, give dates and position _____

Are you legally eligible for employment in this country? Yes No

Proof of U.S. citizenship or immigration status will be required upon employment.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?..... Yes No
 If yes, please provide the date(s) and details: _____

Employment History

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below.

(1) Present/Most Recent Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate/Salary		
		Final		
Reason for leaving or why you are considering leaving?		\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Urology of Central Pennsylvania

(2) Next Previous Employer		Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.
				From Mo/Yr	To Mo/Yr	
Address						
Job Title		Hourly Rate/Salary				
		Starting				
Immediate Supervisor and Title		\$	per			
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Hourly Rate				
		Final				
Reason for leaving?		\$	per			

If currently employed, may we contact for reference? Yes No

EDUCATION

Level	Name and Location of School	Diploma or Degree	Attendance Dates		Major
			From	To	
High School					
College					
Other					

REFERENCES

List three business/work references who are **NOT** related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?

Urology of Central Pennsylvania

**PLEASE REVIEW APPLICATION CAREFULLY.
WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.**

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Urology of Central Pennsylvania (UCPA) is “at will.” This means that the employment relationship can be ended by me or by UCPA at any time for any reason with or without advanced notice and with or without cause. It also means that UCPA may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon UCPA to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of UCPA, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by UCPA, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____ Date _____

INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize UCPA to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by UCPA, I hereby authorize UCPA to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request UCPA to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release UCPA, its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to UCPA, from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant

Date