



## Application for Employment

The Endoscopy Center of Topeka considers all applicants solely on the basis of qualifications for the position, for which the application is made, without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status.  
Application is considered active for 30 days from date of receipt.

ALL QUESTIONS MUST BE COMPLETED; IT IS NOT ACCEPTABLE TO ANSWER "SEE RESUME". PLEASE PRINT

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

Position(s) applied for: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

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

City

State

Zip

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, date \_\_\_\_\_

Are you employed now?  Yes  No If Yes, date \_\_\_\_\_

Are you 18 years old or older?  Yes  No If Yes, date \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No If Yes, date \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  PRN

Can you speak, write, or read any foreign languages?  Yes \_\_\_\_\_  No

EDUCATION	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name			
City/State			
Years Completed	9 10 11 12	1 2 3 4	
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Major Field of Study: \_\_\_\_\_

Summarize other information you believe pertinent to your application. Include computer skills, software utilized, typing speed, vocational or business schools, certificates, etc.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Employment History

List your four most recent employers, including military experience, beginning with the current or most recent position. All questions must be completed, it is not acceptable to answer "see resume".

Employer Name	Address	City, State, Zip
Dates of Employment From:                      To:	Supervisor's Name & Title	
Job Title	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:	
List Job Duties:		
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Employer Name	Address	City, State, Zip
Dates of Employment From:                      To:	Supervisor's Name & Title	
Job Title	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:	
List Job Duties:		
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		



Employer Name	Address	City, State, Zip
Dates of Employment From:                      To:	Supervisor's Name & Title	
Job Title	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:	
List Job Duties:		
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Employer Name	Address	City, State, Zip
Dates of Employment From:                      To:	Supervisor's Name & Title	
Job Title	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone:	
List Job Duties:		
Starting Salary:	Ending Salary:	
Reason for Leaving:		
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		



## General Information

All questions must be completed, it is not acceptable to answer "see resume". Please print.

Have you ever been convicted of a felony other than minor traffic violations? (A conviction is not an absolute bar to employment but will only be considered in relation to the specific job requirements.)  Yes  No

If yes, explain

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Are you under any obligation to a current or former employer which may restrict your ability to accept employment?  Yes  No

If yes, explain

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## Military Service Record

Have you served in the Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Date of Service: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Duties/Special Training:

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## Emergency Information

Person to be notified in case of an emergency

Name	Phones
	Home: _____ Work: _____ Cell: _____
Address	Relationship



## References

Please list Professional and Personal – no relatives

<b>Name</b>	<b>Address</b>	<b>Phone Home/Work/Cell</b>	<b>Number of Years Known</b>	<b>Personal (P) or Professional (WK)</b>
1.				
2.				
3.				
4.				

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)

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Please list any additional information that you feel will help us determine the type of position you are able to undertake?

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I hereby certify that all questions on this application have been answered completely and correctly. Should the Endoscopy Center of Topeka at any time discover that any of the statements made by me on this application are false or incomplete as to any material information requested, such falsification will be grounds for immediate discharge. I agree that I will be bound by and will obey all rules and regulations of the company which may be issued from time to time, including all safety rules. I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the Endoscopy Center of Topeka and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information.

Endoscopy Center of Topeka is an Equal Opportunity Employer. Endoscopy Center of Topeka does not discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 30 days. At the conclusion of this time, if I have not heard from the Endoscopy Center of Topeka and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, Endoscopy Center of Topeka reserves the right to terminate my employment at any time, with or without cause and without prior notice. I further acknowledge that no representative of the Endoscopy Center of Topeka has any authority to alter or vary any of the terms of any of the policies or to bind the Endoscopy Center of Topeka to any fixed term of employment except as specifically authorized by the Operating Board Chairman or designee, and that any such agreement, to be enforceable, must be in writing and signed by the Operating Board Chairman, or designee.

I understand that it is policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_