



It is the policy of the Sumter Ear, Nose, Throat & Facial Plastic Surgery, LLC to provide equal opportunity for all qualified persons and not to discriminate against any employee or applicant because of race, color, religion, gender, national origin, age, disability, or any other legally protected status.

Instructions: Please print clearly and complete all information requested (insert "N/A" if information requested is not applicable). You may refer to an attached resume if it clearly and completely contains the information being requested.

Full Name: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone Number (____) _____ Social Security # _____

Present Temporary Address (*if applicable*)

Street Address: _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Position applying for: _____ Date of Application: _____

Date Available: _____ Salary Expectations: _____

(Please circle answer)

Are you currently employed? Yes No

May we contact your present employer? Yes No

Upon hire, can you provide proof of legal work status? Yes No

Have you ever been employed or educated using another name? Yes No

(if yes, please provide name)

Have you been convicted of a felony within the last seven years? Yes No
 (if yes, please explain) Note: conviction will not necessarily disqualify an applicant from employment. _____

Have you ever filed an application with us before? If yes, give date(s) Yes No _____

Have you ever been employed with us before? If yes, give date(s) Yes No _____

How were you referred? (Please circle one)

Newspaper Advertisement Internet Site Ad Firm Employee
 College Placement Service Firm Web Page Other: _____

Education:

Education will be verified and official transcript may be required for certain positions.

	Name of School City and State Location	Major and/or Degree	Graduate? Yes/No	Year Graduated
High School				
Technical or Junior College				
University or College				
Graduate School				

If less than five years work experience, please furnish:

SAT/ACT Scores: _____ GMAT Scores: _____

GPA from most recent school(s): _____

Certifications:

Certification Held	Credentialing Organization	Certification Date	Certification/ License Number	Expiration Date

Employment Experience:

Please list in chronological order, most recent (or current) first.

Employer		Dates Employed		Primary Responsibilities
Address		From	To	
Telephone		Salary		
Job Title	Supervisor	Starting	Final	
Reason for leaving				

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References:

If applicable, please provide three employment-related references that may be contacted. List their name, address, telephone number and occupation.

Computer Application Experience/Proficiency:

Please list computer software applications in which you are proficient.

Software Application

Other Qualifications, Hobbies and Special Interests

(Completing this section is optional)

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I've been hired, for termination.

I authorize any of the persons or organizations referenced in this application to give you and any of them all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

In consideration for my employment with your company, I agree to conform to the rules and regulations of the company as set forth in the company's employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or be added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I further acknowledge that if I am employed by the employer, my employment will be at will, and may be terminated with or without cause at any time by me or by the employer.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions or employment other than those set forth in the employee handbook, either prior to commencement of employment or after I have become employed.

I consent to a physical examination, which includes a drug test, either prior to commencement of employment or after I have become employed, as deemed necessary by the employer.

I consent to a background check and will hold Sumter ENT & FPS, LLC harmless for denial of employment based on the information obtained in this background check.

Sumter ENT & FPS, LLC is required by South Carolina Law to perform an Employment Verification through the Federal Department of Homeland Security within 3 days of hire. If you are hired by our company, this verification will be performed online based on the information you provide on your I-9 form and the supporting documents required on the form. The information provided verifies your identity and employment eligibility. If the Government cannot confirm that you are authorized to work, we are required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Applicant Signature _____ Date _____