

# APPLICATION FOR EMPLOYMENT

## RALEIGH ENDOSCOPY CENTER

We consider all applicants solely on the basis of qualifications for the position for which 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 90 days from date of receipt.

***(PLEASE PRINT, except for signature on back of application) All Questions must be completed. It is not acceptable to answer "See Resume".***

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ SS# \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Location Applied for:  REC-Main-2417 Atrium Drive Ste. 101 Raleigh, NC 27607  
 REC-North-8300 Health Park Ste. 210 Raleigh, NC 27615  
 REC-Cary-1505 SW Cary Pkwy Ste. 202 Cary, NC 27511  
 REC-Holly Springs-2061 Ralph Stephens Rd, Holly Springs, NC 27540

Are you available to work:  Full Time  Part Time  PRN

Expected Rate of Pay \_\_\_\_\_

Are you employed now?  Yes  No

Are you 18 years old or older?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

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

Can you travel if a job requires it?  Yes  No

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

If yes, which one(s) \_\_\_\_\_

EDUCATION	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROF
School Name:			
City/State:			
Years Completed:	9 10 11 12	1 2 3 4	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
Year:		Year:	Year:
Major Field of Study:			

Summarize other information you believe pertinent to your application (Include other skills or certifications obtained such as CPR, CPT Coding, computer skills, software utilized, typing speed, vocational or business schools, etc.):

**EMPLOYMENT HISTORY** (List your four most recent employers or all employers in the last 7 years (whichever is less), 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:	Phone:	Dates of Employment (Mo/Yr) From:	To:
Street Address:		Job Title:	
City, State, Zip:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:	
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone:	Dates of Employment (Mo/Yr) From:	To:
Street Address:		Job Title:	
City, State, Zip:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:	
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer:	Phone:	Dates of Employment (Mo/Yr) From:	To:
Street Address:		Job Title:	
City, State, Zip:		Supervisor's Name:	
Job Duties:		Supervisor's Title:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:	
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employer:	Phone:	Dates of Employment (Mo/Yr) From: _____ To: _____
Street Address:	Job Title: _____	
City, State, Zip:	Supervisor's Name: _____	
Job Duties:	Supervisor's Title: _____	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary/Final Salary: _____	
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**GENERAL INFORMATION: All Questions must be completed. It is not acceptable to answer "See Resume".**

Have you ever been convicted of a felony other than minor traffic violations? (A yes answer does not automatically disqualify you from employment, but will only be considered in relation to the specific job requirements.)

Yes     No

*Direct care staff members of the facility shall not have a prior conviction or have plead no contest (nolo contendere) within the last 10 years for child or adult abuse, neglect, exploitation, or mistreatment, or for sexual assault or assault with a deadly weapon.*

If yes, explain:

Has your professional license in this state or any other state been suspended, limited, revoked or subjected to disciplinary action OR are there any restrictions or limits on your licenses or certifications?     Yes     No

If yes, explain:

Have you ever been discharged or asked to resign from a job because of alleged negligence, neglect, or violation of employer's policy and procedures?      Yes     No

If yes, explain:

Are you under any obligation to a current or former employer, which may restrict your ability to accept employment with Raleigh Endoscopy Center, LLC?     Yes     No

If yes, explain:

**MILITARY SERVICE RECORD:**

Have you served in the Armed Forces?  Yes  No If so, what branch? \_\_\_\_\_

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

Duties/Special Training:

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**REFERENCES: (Professional and personal -- not relatives)**

NAME		ADDRESS	PHONE # DAY & NIGHT		# YRS	P/WR*
1.						
2.						
3.						

**\*Personal or Work Related**

I hereby certify that all questions on this application have been answered completely and correctly. Should the employer at any time discover that any of the statements made by me on this application, or on the resume I submitted to Raleigh Endoscopy Center, 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 employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

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

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the employer 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, the employer 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 company has any authority to alter or vary any of the terms of any of the company's policies or to bind the company to any fixed term of employment except as specifically authorized by the President of the Company or his designee, and that any such agreement, to be enforceable, must be in writing and signed by the President, or his designee.

I understand it is this company's 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: \_\_\_\_\_