

Urology Center of Columbus, LLC Employment Application

Urology Center of Columbus, LLC considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or status as Vietnam-era or special disabled veteran in accordance to federal law. In addition, Urology Center of Columbus, LLC complies with applicable federal, state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities.

Urology Center of Columbus, LLC also provides reasonable accommodation to individuals with a disability in accordance with applicable laws.

INTRODUCTORY INFORMATION:

Name _____ Social Security# _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Cell (____) _____ Email _____

APPLICANT QUESTIONS:

Type of worked desired: _____ Salary desired: _____ Date Available: _____

Notice required? Yes No If yes, how much? _____

If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes ___ No ___

Are you 18 years of age or older? Yes ___ No ___

How were you referred to Urology Center of Columbus? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?
Yes ___ No ___

If yes, please explain in detail on the Explanation Form and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes ___ No ___
If yes, please explain in detail on the Explanation Form.

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes ___ No ___
If yes, please explain on the Explanation Form.

Have you ever been employed by this organization before? Yes ___ No ___ If so, when? _____

Is there any reason you will need to take time off from work in the next six months? Yes No

State the name of any relative in our employ: _____

EDUCATION:

High School or last grade completed:

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Dates Attended (Month/Year) _____ to _____

Degree/Diploma: _____

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Dates Attended (Month/Year) _____ to _____

Degree/Diploma: _____

Other Schooling or Training Courses

Name & Address of School: _____

Course of Study: _____ Number of years completed: _____

Dates Attended (Month/Year) _____ to _____

Degree/Diploma/Certifications: _____

MILITARY EXPERIENCE:

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Job-Related Training/Experience: _____

DD-214 Discharge Status: _____

PROFESSIONAL LICENSES/REGISTRATIONS/CERTIFICATIONS:

Licensing Agency Name _____ Location _____

Type of License _____ Date Licensed _____

RECORD OF EMPLOYMENT:

Please list positions starting with most recent. If there are any gaps of time in employment please explain on the Explanation Form.

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

_____ Part- Time _____ Full-Time _____ PRN _____ Volunteer

May we contact them? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

_____ Part- Time _____ Full-Time _____ PRN _____ Volunteer

May we contact them? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Supervisor: _____

Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____

Duties: _____

Reason for Leaving: _____

_____ Part- Time _____ Full-Time _____ PRN _____ Volunteer

May we contact them? Yes No

Please list all knowledgeable computer software programs: _____

List any special skills: _____

PROFESSIONAL\COLLEAGUE REFERENCES KNOWN FOR A MINIMUM OF 2 YEARS:
(excluding friends and relatives)

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

AUTHORIZATION AND RELEASE OF INFORMATION FORM
Modified Releases Will Not Be Accepted

(Please read this statement carefully before signing this application):

I understand that employment with Urology Center of Columbus is at-will, meaning that Urology Center of Columbus or I may terminate my employment at any time, for any reason consistent with applicable state or federal law.

I authorize Urology Center of Columbus to conduct a thorough background check and investigate my work and personal history, and verify all data given on this application and during interviews. I am lawfully able to work in the United States and will provide proper documentation to that fact as needed.

I authorize Urology Center of Columbus, LLC to verify my social security number for purposes of employment.

By signing this release I hereby authorize Urology Center of Columbus, LLC to obtain any and all information on my behalf in regard to my character, my ethical behavior, and any information in regard to my previous employment and references.

I hereby release Urology Center of Columbus, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Urology Center of Columbus requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

I grant permission for the release of the information contained in this Application to the following:

Urology Center of Columbus, LLC
1021 Talbotton Rd. Columbus, GA 31904 and 2100 North Ave. Columbus, GA 31904

Name of Applicant: _____

Signature of Applicant: _____

Date Signed: _____

Urology Center of Columbus, LLC
Explanation Form

Name _____ Social Security# _____

Section _____

Explanation:

Section _____

Explanation:

Section _____

Explanation:

Personal Style Exercise - Self Assessment

Considering your personal working style, rank the following statements from one to five. Five means the statement is most consistent with how you act in a work related situation and one being the least consistent.

<i>Statement</i>	<i>Most Like Me</i>			<i>Least Like Me</i>	
1. I actively seek new challenges.	5	4	3	2	1
2. I prefer working with things or ideas rather than people.	5	4	3	2	1
3. I have many acquaintances but relatively few close friends.	5	4	3	2	1
4. I find it easy to put my thoughts into oral communication.	5	4	3	2	1
5. I am happiest when I am serving others.	5	4	3	2	1
6. I like to take risks.	5	4	3	2	1
7. I usually make a favorable first impression.	5	4	3	2	1
8. I am a person with a lot of self control.	5	4	3	2	1
9. I am not afraid to try something new.	5	4	3	2	1
10. I am very cautious about making commitments in business.	5	4	3	2	1
11. I find it easy to persuade and motivate others.	5	4	3	2	1
12. I can be comfortable with repetitive, routine work.	5	4	3	2	1
13. I am usually optimistic and enthusiastic.	5	4	3	2	1
14. I drive for tangible results.	5	4	3	2	1
15. I usually perform without error.	5	4	3	2	1
16. I like to be part of a team.	5	4	3	2	1
17. I tend to accept things the way they are.	5	4	3	2	1
18. I tend to avoid unnecessary risk or trouble.	5	4	3	2	1
19. I play by the rules.	5	4	3	2	1
20. I am good at overcoming resistance.	5	4	3	2	1