

EMERALD COAST SURGERY CENTER

an affiliate of **WHITE-WILSON MEDICAL CENTER, P.A.**

995 Mar Walt Drive
Ft Walton Beach, FL 32547
850-863-7887
Fax 850-862-5593

Dear Applicant:

Thank you for your interest in working with Emerald Coast Surgery Center an affiliate of White-Wilson Medical Center, P.A.. Due to the large volume of resumes and applications we receive, we are simply unable to respond to inquiries (by phone, email, etc.) regarding your application. If you are selected for an interview, you will be contacted – typically within 2-3 weeks of your application submission. Please do not call to inquire about your application.

To help us provide a safe, secure, drug and alcohol free environment for all our associates and patients, we require all potential new associates be tested for illegal drugs as well as pass a thorough pre-employment background screening.

All employment offers are contingent on the satisfactory results of pre-employment background screenings and upon the satisfactory results of a pre-employment drug screening.

Pre-employment background screenings will be conducted by an independent third-party screening service.

- You must ACCURATELY list all employer and reference names with COMPLETE contact information including telephone numbers, job titles, pay rates, reason for leaving, and CORRECT and COMPLETE dates of employment.
- You must FULLY complete EACH section of the Employment Application.

IF YOU PROVIDE INCOMPLETE, INACCURATE OR FALSE INFORMATION ON YOUR EMPLOYMENT APPLICATION, YOU WILL NOT BE CONSIDERED FURTHER FOR EMPLOYMENT.

Again, thank you for your interest in employment with Emerald Coast Surgery Center an affiliate of White-Wilson Medical Center, P.A.

Emerald Coast Surgery Center an affiliate of White-Wilson Medical Center, P.A.
is an Equal Opportunity Employer, Drug and Smoke Free Workplace.

DO NOT LEAVE ANY INFORMATION BLANK or your application will not be considered.

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**APPLICATION FOR
EMPLOYMENT**

Position(s) applied for:

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Personal Information

Name (Last, First, MI)			
Street Address		City	State Zip
Home Phone	Cell Phone	Email Address	
How did you hear about this opportunity?		Other names you have used (maiden, married and nick names)	
Are you willing to work: _____ Full Time _____ Part Time _____ Temporary _____ Weekends _____ Evenings		When could you start work? _____/_____/_____	Desired Salary: \$_____ Hourly / Annually
Are you legally authorized to work in the United States? ___ Yes ___ No Note: If hired, you will be required to provide documents with your current name to establish identity and authorization to work in the United States.			
Are you related to any current or former employee of White-Wilson Medical Center or its affiliates? Yes / No If yes, who:		Have you ever been employed by White-Wilson Medical Center or its affiliates? Yes / No If yes, when:	

Professional Licenses/Certifications

License Type	State	Expiration Date	Registration Number
Have you ever had a professional license revoked, suspended or subjected to disciplinary action? Yes / No If yes, why?			
Are there any restrictions or limits on your license or certifications? Yes / No If yes, what?			

Education Information

High School or GED	Address, City, State, ZIP	Diploma/Certificate: Yes / No	
Technical/Vocational	Address, City, State, ZIP	Degree Yes / No Type:	Major
College	Address, City, State, ZIP	Degree Yes / No Type:	Major
Military	Address, City, State, ZIP	Program	MOS/Certification
Other	Address, City, State, ZIP	Degree Yes / No Type:	Major

General

What business equipment can you operate? (computers, fax, etc.)	In what computer software programs are you proficient ?
What knowledge, skills, and abilities do you possess that qualify you for this position?	
Do you speak or read any language other than English? Yes / No If yes, please identify the language and level of proficiency.	

References (Please list 3 references that are familiar with your work history)

Name	Title/Occupation	Company/Address	Phone Number or Email Address
			Work: Home:
			Work: Home:
			Work: Home:

Employment History (List below last four employers, starting with the most recent one first)

1. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for leaving your job or if employed reason for seeking job change: Were you terminated? ___ Yes ___ No	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	Are you still employed? ___ Yes ___ No May we contact your supervisor? ___ Yes ___ No ___ Later
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
Human Resources Department		Phone Number of Human Resources	
2. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for leaving your job or if employed reason for seeking job change: Were you terminated? ___ Yes ___ No	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
Human Resources Department		Phone Number of Human Resources	
3. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for leaving your job or if employed reason for seeking job change: Were you terminated? ___ Yes ___ No	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
Human Resources Department		Phone Number of Human Resources	
4. Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for leaving your job or if employed reason for seeking job change: Were you terminated? ___ Yes ___ No	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
Human Resources Department		Phone Number of Human Resources	

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I hereby affirm that the information provided on this application (and accompanying documentation, if any) is true and complete to the best of my knowledge. I understand and agree that incomplete, inaccurate or false information on the employment application may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered later.

Printed Name

Signature

Date