



Employment Application

Allied Urological Services, LLC, is an Equal Opportunity Employer. It is the Company's policy that all applicants be considered solely on the basis of their qualifications and ability, and that all employees be treated during employment without regard to their gender, race, color, religion, national origin, ancestry, age, marital status, sexual orientation, pregnancy, physical or mental disability, citizenship, veteran status, or any other class protected by federal, state or local law.

Applicant Information

Full Name: Last First M.I. Date

Address: Street Address Apartment/Unit#

City State Zip Code

Telephone Numbers: Home Business Cellular

E-mail Address Social Security NO.

Have you ever used any names or social security numbers other than the one given above? Yes No

If yes, please indicate and explain further:

Are you under the age of 18? Yes No If yes, give date of birth

Position Applied for Full Time Part Time Temporary Per Diem

Date Available Desired Salary: \$ Referred by:

Do you have any relatives currently employed at Allied Urological Services? Yes No

If yes, who?

Can you at the time of employment, submit verification of your legal right to work in the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for Allied Urological Services? Yes No If yes, when?

Have you ever been convicted of a criminal offense by a court (felony or misdemeanor, except for minor traffic violations) or dishonorably discharged from the military? A record of conviction or dishonorable discharge does not automatically disqualify you from employment consideration. Other factors will affect a final decision. You will need to answer, "Yes" if you entered into a plea agreement in connection with a criminal charge. If you have been convicted of such an offense, please attach a statement of explanation, including nature of offense, date, court where conviction was entered, and any other relevant information. Please be advised that we conduct criminal background checks.

Yes No If yes, please explain:

Have you ever been excluded, debarred or otherwise ineligible for participation in a Federal or State health care program?

Yes No If yes, please explain _____

If applying for a position that requires driving, do you have an appropriate license? Yes No

If applying for a position that requires driving, have you ever been ticketed for a moving traffic violation? Yes No

If yes, please explain _____

Education

High School: _____ Address: _____

Did you graduate? Yes No Degree: _____

College: _____ Address: _____

Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

Did you graduate? Yes No Degree: _____

Professional Licenses and/or Certifications

Type _____	Organization or State Issued _____	Date Issued _____	Expiration Date _____	Number _____
Type _____	Organization or State Issued _____	Date Issued _____	Expiration Date _____	Number _____
Type _____	Organization or State Issued _____	Date Issued _____	Expiration Date _____	Number _____

Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No If yes, explain _____

Military Services

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain _____

References

Please list three professional references.

1. Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

2. Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

3. Full Name: _____ Title: _____

Company: _____ Phone: () _____

Address: _____

Employment Record

List all periods of employment for the last ten years (or last four employers). Start with your most recent position and explain any periods of unemployment. Please include any private practice, consulting or independent contractor work you are currently performing.

Present or Last Employer: _____ Phone: () _____

Address: _____ Name and Title of Supervisor: _____

Current or Last Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your present or last supervisor for a reference? Yes No

Previous Employer: _____ Phone: () _____

Address: _____ Name and Title of Supervisor: _____

Last Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Previous Employer: _____ Phone: () _____

Address: _____ Name and Title of Supervisor: _____

Last Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Previous Employer: _____ Phone: () _____

Address: _____ Name and Title of Supervisor: _____

Last Position: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

PLEASE REVIEW YOUR FORM TO BE SURE THAT YOU HAVE PROVIDED
AN ANSWER TO EVERY ITEM

I understand that this application is not intended to be a contract of employment. In the event of my employment by Allied Urological Services, LLC (the "Company"), I agree to abide by all present and subsequently issued rules of the Company.

I certify that the answers given by me to the foregoing questions and statements are true and correct, and I authorize investigation of all information requested or contained in this application and/or in my resume, as well as any statements made by me during interviews. I understand that any misleading or incorrect statements may be cause for denial or termination of my employment and that the Company shall not be liable in any respect if my employment is so denied or terminated because of false, misleading, or incorrect statements, answers or omissions made by me in this application.

I understand and agree that, if I am employed by the Company, my employment with the Company will be on an at will basis, meaning that my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or at my option. I understand that no representative of the Company has authority to enter into any agreement for employment for a definite period of time, or to make any agreement contrary to the foregoing. I further understand that neither oral representations of the Company nor subsequent conduct of the Company (such as increases in compensation, length of service, performance reviews, commendations or any other factors) will change the at will status.

I understand and agree that, if I am employed by the Company, the terms and conditions of my employment, including but not limited to compensation, benefits, duties, location, job category, job description, working conditions, and other attributes of employment (excepting only at will status) can be changed by the Company, in its sole and absolute discretion, at any time, upon reasonable notice.

I authorize the Company to contact the employers listed on this application form and/or on my resume, and further authorize such employers to release any information concerning me as they deem appropriate. I release and forever discharge the Company, its agents and employees, and the above named employers, their agents or employees, from any and all liability, suits, or causes of action arising in any manner from the Company contacting such employers. I understand that this release prevents me from instituting any claim, lawsuit or other legal action based upon any information any employer may provide to the Company.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature: _____

Date: _____