

# PROMENADES SURGERY CENTER, LLC

ISSA BAROUDI, M.D., P.A.

3222 Tamiami Trail

Port Charlotte, FL 33952

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## EMPLOYMENT APPLICATION

*Promenades Surgery Center, LLC/Issa Baroudi, M.D., P.A. ("Practice" or "Company") is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, sex, age, disability, marital status or national origin. This is a Drug/Alcohol Free Workplace. ADA Notice: If you require reasonable accommodation in completing this Application, please advise us.*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Other # where you can be reached (\_\_\_\_\_) \_\_\_\_\_  
Have you previously worked for the Practice? \_\_\_\_ Yes \_\_\_\_ No  
Dates \_\_\_\_\_  
Do you have relatives or friends presently working for the Practice?  
Yes \_\_\_\_ No \_\_\_\_ Name \_\_\_\_\_  
Are you 18 years of age or over? \_\_\_\_ Yes \_\_\_\_ No

*(If not, employment is subject to verification that you are of legal minimum legal age and can furnish any required work permit.)*

### JOB INTEREST

Position(s) Desired \_\_\_\_\_  
\_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Relief \_\_\_\_ Temporary ( \_\_\_\_ Hrs per week desired)

Salary Requirements \_\_\_\_\_

Date You Will Be Available To Begin Work \_\_\_\_/\_\_\_\_/\_\_\_\_

Why do you want this position? \_\_\_\_\_

Do you have any commitments, including non-compete agreements, to another entity, business, or person that might affect your employment with the Practice? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain \_\_\_\_\_

### EDUCATION AND TRAINING

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL Name \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

Receive G.E.D. \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

COLLEGE, UNIVERSITY, OR OTHER SCHOOL Name \_\_\_\_\_ City/State \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

Field of Study \_\_\_\_\_

Type of Degree Obtained \_\_\_\_\_ Date Obtained \_\_\_\_\_

Other Education or Training \_\_\_\_\_

Name of Facility \_\_\_\_\_ City/State \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

If you are applying for a position that requires state or national registration, certification or license, you must furnish us with current proof of registration, certification or license.

Registration, Certification or License No. and Type:

Year: \_\_\_\_\_ State(s): \_\_\_\_\_

(use additional sheets of paper, if necessary, to complete this section)

### GENERAL INFORMATION

How long have you lived in the Port Charlotte area?

Do you smoke? Yes \_\_\_\_ No \_\_\_\_ If yes, can you refrain from smoking during the workday? Yes \_\_\_\_ No \_\_\_\_

**EMPLOYMENT HISTORY**

List all places of employment over the past ten years, including Military Service. Please account for all self-employment and gaps in employment. If you were employed under a different name, please provide that name (\_\_\_\_\_). If you have had more than 3 employers in the past 10 years, ask for an additional form. Resumes may be submitted, but cannot be used in lieu of completing this section of the Application.

Present or Last Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May We Contact? Yes No

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May We Contact? Yes No

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Position Held \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May We Contact? Yes No

**PERSONAL REFERENCES**

(Include persons other than relatives and employers)

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_ Day Phone (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to be notified in case of emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**QUALIFICATIONS**

Are you legally eligible for employment in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_  
(You will be required to provide proof upon an offer of employment)

Have you ever committed or been convicted of a crime, entered a plea of nolo contendere (no contest) to a crime or received a suspended sentence (regardless of the ultimate adjudication) for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain

Do you have any criminal charges currently pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain  
(Criminal history will not necessarily be a bar to employment)

Have you ever been sued for causing the death of, or injury or damage to any person, or for causing destruction of, or damage to property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Date \_\_\_\_\_  
Please explain the nature of the claims in the lawsuit(s) and disposition(s)

Have you been, or are you presently, a named defendant in any legal actions alleging professional negligence or malpractice? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Date \_\_\_\_\_

Please explain the nature of the claims in the lawsuit(s) and disposition(s) \_\_\_\_\_

Please review the job description for the position for which you are applying. Are you able to perform the essential job-related functions for that position with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any other experiences, skills or qualifications not already addressed which you feel especially qualify you for work with the Practice?

**CLERICAL SKILLS**

If you are applying for an office/clerical position, please state your wpm typing speed:

List software packages with which you are proficient (Microsoft Word, WordPerfect, Excel, etc.): \_\_\_\_\_

**APPLICANT'S STATEMENT -- PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I understand and consent that Promenades Surgery Center, LLC/Issa Baroudi, M.D., P.A. will attempt to verify statements made on my application and made during my employment interview. I give permission for my former employers, when contacted by the Practice, to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of Practice's review of this application, I release the Practice and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so that the Practice can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment.

I understand that the Practice requires certain information about me to evaluate my qualifications for employment and conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form may be considered sufficient cause for dismissal, if and when discovered. The use of this application blank does not indicate there are positions open and does not in any way obligate the Practice.

I authorize personal references as well as developed references, other persons, companies, corporations, schools, and law enforcement agencies to furnish to the Practice and/or its agents or representatives any information they have concerning me. I understand that the Practice shall treat all this information in a confidential manner.

I understand that if I am employed by the Practice I must conform to the rules of the Practice. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Practice has a similar right. I understand my employment by the Practice does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that I may be required to work scheduled and unscheduled overtime and scheduled weekend and holiday work when requested by the Practice.

I consent and agree to take any pre-employment physical examinations and such future physical examinations and any drug or alcohol tests as part of or separate from any such physical examinations, as may be required by Federal or State law/regulation, as well as the Practice's policy. I understand that in the event I refuse to be tested upon request, refuse to execute a consent form upon request, or test positive, I will be disqualified from further employment consideration or terminated.

The Immigration Reform and Control Act of 1986 require that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Practice's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the Practice and its clients may be available to me and that this information must not be disseminated or used except for the Practice's benefit. If employed, I agree to keep all information about the Practice, including such information regarding clients and other employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the Practice.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

# NATIONAL RESEARCH GROUP

## APPLICANT BACKGROUND CHECKS

APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.  
to Conduct Individual Background Searches and Verifications as Requested By The Employer

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, driving history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME : \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ Dates : \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

PRIOR ADDRESS: \_\_\_\_\_ Dates: \_\_\_\_\_

Please Provide ADDITIONAL PRIOR ADDRESSES For The LAST 7 YEARS - Include DATES of Residence

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Please Sign \_\_\_\_\_ Date: \_\_\_\_\_



941-488-8500

800-531-6522

941-488-8505