



**Employment Application**

The information you provide on this employment application will be used to determine your eligibility for the specific position for which you apply. Information provided in the "Employment" section of the application will be used in reference checks necessary for further consideration of employment. Any false information or omissions on this application will be grounds for a refusal to hire or immediate discharge if hired.

**APPLICANT INFORMATION**

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Cell Phone		Work Phone			
Position (s) Applied for					
May we contact you at work?		YES	NO	Are you authorized to work in the United States?	
				YES	NO
Are you now, or have you ever been an employee of the University of Missouri?		YES	NO	If so, when?	
Are you related to anyone serving on the Board of Curators?		YES	NO	If yes, explain	
Have you ever been convicted of or pled guilty to a felony or misdemeanor in any court of law or administrative tribunal?		YES	NO	If yes, explain	

**EDUCATION**

High School/GED	City/State				
Did you graduate?	YES	NO			
College	City/State				
From	To	Did you graduate?			
	YES	NO	Degree		
Other	City/State				
From	To	Did you graduate?			
	YES	NO	Degree		
Other	City/State				
From	To	Did you graduate?			
	YES	NO	Degree	YES	NO
					If yes, explain

**SKILLS & CERTIFICATES**

List all valid professional licenses and registrations you hold.  
 License/Certification License Number Issued by Date  
 Received Expiration date

Nicotine products include, but are not limited to, cigarettes, cigars, pipes, chewing tobacco, snuff, clove cigarettes, electronic cigarettes, transdermal patches, gum, lozenges, and similar products. Do you use nicotine?

Have you ever been employed under a different name?	YES	NO	Please list
I do not wish to be considered for positions with a salary below \$			

TYPE OF EMPLOYMENT					
Type of Employment Desired	Full Time	Part time	_____	Number of hours per week	
Days Available to work	Monday	Tuesday	Wednesday	Thursday	Friday
All CSA Positions are weekday Monday through Friday Day positions. Most are typically 8 am to 5 pm and any variation from this will be noted in the details about a particular position. Some Flexibility of scheduling for certain positions may be possible, depending on the needs of the practice. If you have particular scheduling needs, make sure to let us know.					

EMPLOYMENT HISTORY					
List all employment experience <b>beginning with current positions</b> including military and volunteer services. We encourage you to attach supporting documents (resume, letters of reference, etc.) in addition to completing this application. Failure to answer all items in the following section may eliminate you from further consideration. We reserve the right to contact current and former employers. <b>You must list sufficient employment experience, education, skills and certifications in the following sections to document that you meet the minimum qualifications for the positions for which you apply.</b>					
<b>Company</b>			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving		# of hrs worked per week:	
May we contact your previous supervisor for a reference?		YES	NO		
<b>Company</b>			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving		# of hrs worked per week:	
<b>Company</b>			Phone ( )		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving		# of hrs worked per week:	

<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	# of hrs worked per week:
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	# of hrs worked per week:
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	# of hrs worked per week:
<b>Company</b>		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	# of hrs worked per week:

**PLEASE READ CAREFULLY AND SIGN**

I certify that the information I am providing is correct. I agree that all rules, orders, and regulations of Columbia Surgical Associates affect my employment and shall constitute a part of my appointment or employment. I further understand that Columbia Surgical Associates has the right to review and investigate my education, previous employment, driving and criminal records and other background data.

I understand that all information I provide will be used to determine my eligibility for the position(s) for which I am applying. I acknowledge that any false information or omissions I provide in my application, or its supporting documentation, will be grounds for a refusal to hire me or my immediate discharge without notice.

Signature

Date