

SOUTHERN MEDICAL

Professional Employment Application

Southern Medical is committed to hiring dependable, professional, motivated individuals who positively contribute to our team, patients, and community. This application is designed to help identify candidates with strong work ethic, integrity, accountability, professionalism, emotional maturity, and teamwork skills.

Southern Medical is an Equal Opportunity Employer and does not discriminate based on race, religion, color, sex, age, national origin, disability, veteran status, or any legally protected status.

PLEASE NOTE

IF ALL AREAS OF THE APPLICATION ARE NOT COMPLETED YOUR APPLICATION WILL NOT BE REVIEWED!

APPLICANT INFORMATION

Date of Application: _____

Full Legal Name: _____

Preferred Name/Nickname: _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Position Applying For: _____

Desired Pay: _____

Date Available to Start: _____

Employment Desired: Full-Time Part-Time PRN / As Needed

Are you legally authorized to work in the United States? Yes No

Have you ever worked for Southern Medical before? Yes No

Do you have any relatives employed by Southern Medical? Yes No

DRIVER & TRANSPORTATION INFORMATION

Do you have a valid driver's license? Yes No

License Number: _____

State Issued: _____ Expiration: _____

Do you currently have automobile insurance? Yes No

Do you have dependable transportation to and from work every day? Yes No

Have you ever had your license suspended, revoked, or restricted? Yes No

Are you willing to provide a 3-year Motor Vehicle Report (MVR) if requested?

Yes No

Have you received any traffic citations or moving violations within the last 5 years?
Yes No

Have you ever been involved in an at-fault accident while driving for work or personal use? Yes No

EDUCATION & CERTIFICATIONS

Highest Level of Education Completed:

High School Diploma GED Technical School Some College Associate Degree Bachelor's Degree

School Name: _____

Graduation Date: _____

Current Certifications/Licenses: _____

Have you ever had a certification or license suspended or investigated? Yes No

WORK ETHIC & CHARACTER ASSESSMENT

Describe your personal work ethic in your own words:

PROFESSIONALISM & ACCOUNTABILITY

Do you believe attendance and punctuality are important? Yes No

How early do you believe an employee should arrive before a scheduled shift?

How would your previous supervisor describe your attitude?

Have you ever been disciplined or written up at work? Yes No

Have you ever been terminated from employment? Yes No

FUTURE AVAILABILITY & RELIABILITY

Are there any foreseeable events, obligations, legal matters, transportation concerns, childcare issues, school schedules, second jobs, medical appointments, planned surgeries, vacations, pending relocations, or other circumstances that could interfere with your attendance, punctuality, reliability, or availability for scheduled work shifts now or in the future? Yes No

If yes, explain:

Are you able to consistently report to work on time and complete scheduled shifts without frequent call-outs or schedule conflicts? Yes No

Have you ever had excessive absenteeism issues at a previous job? Yes No

If hired, can you commit to maintaining dependable attendance and professional communication regarding scheduling needs? Yes No

EMPLOYMENT HISTORY

Employer #1 Company Name: _____

Supervisor Name: _____

Phone Number: _____

Job Title: _____

Dates Employed: _____

Description of Job Duties:

Reason for Leaving: _____

Would this employer rehire you? Yes No Unsure

Employer #2 Company Name: _____

Supervisor Name: _____

Phone Number: _____

Job Title: _____

Dates Employed: _____

Description of Job Duties:

Reason for Leaving: _____

Would this employer rehire you? Yes No Unsure

REFERENCES

PERSONAL REFERENCES (NON-RELATIVES)

Reference #1 Name: _____

Phone: _____ Relationship: _____

Reference #2 Name: _____

Phone: _____ Relationship: _____

Reference #3 Name: _____

Phone: _____ Relationship: _____

PROFESSIONAL REFERENCES

Reference #1 Name: _____

Company: _____ Phone: _____

Reference #2 Name: _____

Company: _____ Phone: _____

Reference #3 Name: _____

Company: _____ Phone: _____

BACKGROUND INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, explain:

Are you currently facing criminal charges? Yes No

Have you ever stolen from an employer? Yes No

Have you ever intentionally violated company policy? Yes No

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone: _____

APPLICANT CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false, misleading, or incomplete information may result in denial of employment or termination if hired.

I authorize Southern Medical to verify employment history, references, criminal background information where permitted by law, educational records, certifications, and driving history.

I understand employment with Southern Medical is at-will unless otherwise stated in writing.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Interviewed By: _____

Interview Date: _____

Background Check Completed: Yes No

MVR Reviewed: Yes No

Drug Screen Completed: Yes No

Eligible for Hire: Yes No

Starting Pay Approved: _____

Comments/Notes:
