

Employment Application

Metro Chicago Surgical Oncology is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis upon which discrimination is prohibited by local, state or federal law, including age, sex, race, color, disability, religion, disability, national origin, citizenship, veteran, marital and military status, sexual orientation, pregnancy, medical condition. No question on this application is intended to secure information to be used for such discrimination.

APPLICANT INFORMATION		
Last Name: _____	First: _____	Middle: _____
Address: _____		Unit #: _____
City: _____	State: _____	ZIP: _____
Phone (H): () _____	Cell: () _____	E-Mail: _____
Social Security No. _____		
Position Applied for _____		Date Available to Start: _____
Have you ever worked for MCSO? YES <input type="checkbox"/> NO <input type="checkbox"/> Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EDUCATION		
High School: _____		City/State: _____
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: _____
College: _____		City/State: _____
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree: _____
Other: _____		City/State: _____
Other: _____		City/State: _____
Certifications and Licenses: _____ _____		
PROFESSIONAL REFERENCES		
Full Name: _____		Relationship: _____
Company: _____		Phone: () _____
Address: _____		
Full Name: _____		Relationship: _____
Company: _____		Phone: () _____
Address: _____		
Full Name: _____		Relationship: _____
Company: _____		Phone: () _____
Address: _____		

PREVIOUS EMPLOYMENT

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Duties: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____ Discharge Rank: _____

PLEASE READ AND INITIAL EACH PARAGRAPH, THEN SIGN BELOW

I certify that the information in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. _____ initial

I authorize any person listed in this application to furnish MCSO any and all information concerning my previous employment, education and qualifications. I also authorize MCSO to request, receive and examine such information. _____ initial

If MCSO employs me, I acknowledge that my employment will not be definite and can be terminated at any time either with or without prior notice, and by either me or MCSO. _____ Initial

Signature: _____ Date: _____