

App # \_\_\_\_\_

Date: \_\_\_\_\_

# LeeSar Regional Service Center

401 Leonard Blvd. N.  
Lehigh Acres, FL 33971  
Ph: 239-303-0606  
Fax: 239-303-0046

## APPLICATION FOR EMPLOYMENT

Please print or type

### PERSONAL INFORMATION

Last Name	First Name	MI	Home Phone
			Message Number
Other Last Names			Cell Phone
Address			
City	State	Zip	Date Available to Start
Position or type of work for which you are applying:			Salary Desired:
<b>SCHEDULE:</b> <input type="checkbox"/> Regular, Full Time <input type="checkbox"/> Regular, Full Time (Per diem) <input type="checkbox"/> Regular, Part Time <input type="checkbox"/> Regular, Part Time		<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights	<input type="checkbox"/> 12-Hr W/E <input type="checkbox"/> On-Call <input type="checkbox"/> Other
Are you available to work holidays & weekends?			<input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION

School or College	City, State	Grad Date	# Years	Major	Type of Diploma
High School					
College					
College					
Business/Technical					
Other					

### SPECIALIZED TRAINING

REGISTRATION/LICENSURE/CERTIFICATION					
Type	Number	State	Expiration		
Type	Number	State	Expiration		
SKILLS			PC SOFTWARE		
Y	N		Y	N	NAME PROGRAMS WITH WHICH YOU HAVE WORKING KNOWLEDGE:
<input type="checkbox"/>	<input type="checkbox"/>	Typing _____ wpm	<input type="checkbox"/>	<input type="checkbox"/>	Word Processing
<input type="checkbox"/>	<input type="checkbox"/>	Calculating/Adding Maching	<input type="checkbox"/>	<input type="checkbox"/>	Database
<input type="checkbox"/>	<input type="checkbox"/>	Material Handling Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Spreadsheet
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

**EMPLOYMENT HISTORY**

List ALL employers in the past ten (10) years. BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER and work back. Account for periods of unemployment and include job-related military, volunteer and temporary experience. If additional space is needed, please use a blank page and attach.

**EMPLOYER 1**  
**(CURRENT OR MOST RECENT)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_ Zip: \_\_\_\_\_  
From :(Date) \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per  hour  week  year  
May we contact this employer at this time:  Yes  No  
If no, explain: \_\_\_\_\_

Position Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

**EMPLOYER 2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_ Zip: \_\_\_\_\_  
From :(Date) \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per  hour  week  year  
May we contact this employer at this time:  Yes  No  
If no, explain: \_\_\_\_\_

Position Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

**EMPLOYER 3**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_ Zip: \_\_\_\_\_  
From :(Date) \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per  hour  week  year  
May we contact this employer at this time:  Yes  No  
If no, explain: \_\_\_\_\_

Position Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

**EMPLOYER 4**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_ Zip: \_\_\_\_\_  
From :(Date) \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per  hour  week  year  
May we contact this employer at this time:  Yes  No  
If no, explain: \_\_\_\_\_

Position Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

**EMPLOYER 5**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_ Zip: \_\_\_\_\_  
From :(Date) \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Salary: \$ \_\_\_\_\_ per  hour  week  year  
May we contact this employer at this time:  Yes  No  
If no, explain: \_\_\_\_\_

Position Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Supervisor Title: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

## APPLICANT'S AGREEMENT

To help establish my eligibility for employment, I hereby authorize LeeSar Regional Service Center, its subsidiaries and affiliates to conduct a background check and to request and receive appropriate reports, which may include information as to my character, general reputation, personal characteristics and mode of living. The request of an applicant's social security number is to verify identity, employment history and eligibility under immigration law. (Any credit investigation will be conducted in accordance with the Fair Credit reporting Act.)

I authorize any former employer, medical provider or institution to release information and documentation of my former employment, education, medical and other history which is deemed relevant to my application for employment, and I hereby release all such providers from any liability in connection therewith.

I understand that any offer of employment is conditional, based on the satisfactory completion of all relevant aspects of my background check and a clear drug screen. I acknowledge that any offer of employment is subject to withdrawal at any time.

If employed, I agree to observe any and all policies, practices, and rules of the organization that may be amended from time to time. Violation of any such policy practice or rule may subject me to disciplinary sanctions, including dismissal.

If employed, I hereby consent to any required security investigation. Refusal to cooperate with or submit to any lawful security investigation may be grounds for dismissal.

I understand that any employment with LeeSar Regional Service Center, its subsidiaries or affiliates, is an at-will relationship, meaning that the employment relationship can be terminated at any time for any reason by either the organization or me. The at-will employment relationship may not be modified, nor may any contract relating to employment be entered into except by the General Manager of LeeSar Regional Service Center, in writing.

I certify that the information provided in this application is correct to the best of my knowledge. I understand that if any statements made by me, either in this application or otherwise, are found to be false or misleading in any way, either because of the nature of the statements themselves, or because of omitted information which makes any such statements false or misleading, my application may be excluded from further consideration, or, if employed, I may be subject to dismissal.

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*It is the policy of LeeSar Regional Service Center, its subsidiaries and affiliates, that equal employment opportunity be available to all without regard to race, color, religion, national origin, sex, age, disability, or marital status.*

**LeeSar Regional Service Center is a Drug-Free/Smoke-Free Facility**

### LEESAR REGIONAL SERVICE CENTER EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of LeeSar Regional Service Center, its subsidiaries and affiliates to provide equal employment opportunity to all employees and applicants without regard to race, color, religion, national origin, sex, age, disability, or marital status.

Various agencies of the United States government require employers to collect information about applicants. Information requested on this form is for purposes of compliance with these record-keeping requirements and to determine recruiting and employment patterns. Such information in no way affects the decision for your application for employment.

#### FOR EMPLOYMENT USE ONLY

Recruiter	Req #/Position	Disposition	Date	Letter	File

## ADDITIONAL INFORMATION

Use this space for other job-related information you would like to add (i.e., professional or business affiliations, additional training, etc.) and to explain any gaps in your work history.

---

---

---

---

---

---

---

---

---

---

Have you ever been employed by LeeSar Regional Service Center? <input type="checkbox"/> No <input type="checkbox"/> Yes    A subsidiary or affiliate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, date left: _____ Reason for leaving: _____ Name of affiliate: _____	
List any relatives currently employed by LeeSar Regional Service Center, a subsidiary or affiliate, i.e., Lee Memorial Health System, Sarasota Memorial Health Care System:	
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Are you under 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: Working papers may be required)	
Are you legally authorized to work in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (Note: Proof of employment eligibility required)	

Have you ever been convicted of a felony or first degree misdemeanor, or any drug-related offense or any crime related to the care of a patient?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where: _____ Date: _____	
What charges? _____	
_____	
<b>Conviction is not an absolute bar to employment but will be considered in relation to job requirements. The nature, severity, and date(s) of offense(s) in relation to the position applied for are considered.</b>	