

SUMMARY OF QUALIFICATIONS

In this space you briefly summarize any additional qualifications you feel are important in considering your application for employment.

I fully understand that any significant misstatements in or omissions from this application constitute cause for denial of employment or cause for dismissal from employment. All information submitted by me in this application is true to my best knowledge and belief.

I hereby authorize an inquiry to be made on the information contained in the application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from providing this information.

It is the policy of Springhill Surgery center to conduct a criminal background check for new applicants. All information obtained becomes the property of Springhill Surgery Center and is kept highly confidential. Your signature below authorizes Springhill Surgery Center to conduct this check prior to receiving a formal offer of employment.

If an employment agreement is established, I agree to conform to all the rules and regulations of Springhill Surgery Center and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of Springhill Surgery Center.

Signature of Applicant

Date