

# FLOWERS HOSPITAL

4370 West Main Street  
Dothan, AL 36305

## Surgical Technologist Program Application

Date: \_\_\_\_\_ Class Start Date Applied For: September

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address: \_\_\_\_\_ Contact Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code Area Code

If you have lived at the above address for less than 12 months, list your previous address:

\_\_\_\_\_  
Street City State Zip Code

Name of husband or wife \_\_\_\_\_ Where he/she is employed \_\_\_\_\_

Are you at least 18 years old? Yes  No  (Check one)

Have you been convicted of any criminal offense (a misdemeanor or felony) other than traffic violations?

Yes  No

Have you been confined following a conviction for any criminal offense?

Yes  No

Are you presently charged with any violation of the law other than traffic violations? Yes  No

Have you ever been sanctioned by any governmental payor (such as Medicare, Medicaid, or Champus)?

Yes  No

If your response to any of the preceding four questions was "yes", provide the date, place and nature of each such action, conviction or pending charge on a separate sheet. (The existence of a conviction or pending charge will not necessarily preclude your acceptance into the program. The nature of the crime and its relationship to the health care program applied for, the degree of rehabilitation that has occurred and the time elapsed since the time or release from confinement will be considered.)

Have you ever been employed at Flowers Hospital, Home Care Services, Westside Terrace, Breathing Care Associates or any other Flowers owned facility before (under current or prior ownership)? Yes  No

Have you ever been employed by another CHS facility? Yes  No

If yes, give position and dates you worked: \_\_\_\_\_

List any relatives working for us and show their relationship: \_\_\_\_\_

Special skills you possess (include any special skills from military service: \_\_\_\_\_

Long range occupational goals: \_\_\_\_\_

Education	Did you finish?	Name of school and location	Grad. Date	Avg Grades
High School				
College				
School of Nursing				
Special School or Training				

Professional Licenses and Certifications:			
Type	State	Date Issued	Number

Have any disciplinary actions or investigations been initiated or are any pending against you by any state licensure board? Yes  No

Has your license to practice in any state ever been challenged, denied, limited, suspended, revoked, voluntarily or involuntarily relinquished? Yes  No

If the answer to either of the above questions is "yes" please provide full explanation of the details on a separate sheet and attach.

**Employment History**

List all previous employers for whom you have worked in the last ten years. (List in order, last or present employer first. Attach extra sheet if necessary.) Please indicate full name used at time of hire and at time of termination at each place of employment.

EMPLOYER NAME:	Phone:
Employer Address:	
Name used during employment:	Date (From - To):
Reason for Leaving:	
State position held and describe work you did:	

EMPLOYER NAME:	Phone:
Employer Address:	
Name used during employment:	Date (From - To):
Reason for Leaving:	
State position held and describe work you did:	

EMPLOYER NAME:	Phone:
Employer Address:	
Name used during employment:	Date (From - To):
Reason for Leaving:	
State position held and describe work you did:	

EMPLOYER NAME:	Phone:
Employer Address:	
Name used during employment:	Date (From - To):
Reason for Leaving:	
State position held and describe work you did:	

Describe any lapses: \_\_\_\_\_

Describe why you are interested in becoming a Surgical Technologist. Describe how you learned about the program and what you believe the job involves:

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<b>Personal References (not former employers or relatives)</b>		
<b>Name and Occupation</b>	<b>Address</b>	<b>Phone Number</b>

**I understand and agree that:**

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of my acceptance in the Flowers Hospital Surgical Technologist Program, or if accepted, termination from the program.
2. I authorize and request that all of my present and former employers and those individuals I have listed as business references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.
3. I understand that as a condition of acceptance in the Flowers Hospital Surgical Technologist Program, I will be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if accepted, I may be required to submit to an alcohol or drug screening at any time at the discretion of the facility. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the facility.
4. I hereby authorize this facility to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit and driving history, if appropriate. I understand that the facility will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the facility will furnish the name and address of such agency upon my written request.
5. I hereby authorize this facility to verify with the appropriate educational institution and/or professional licensing agency the educational history which I have provided herein or in a resume or other document including the date(s) attended; course(s) taken; and degrees, certifications, or licenses received or issued and their current status.
6. In consideration of my acceptance into the Flowers Hospital Surgical Technologist Program, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that my acceptance be terminated with or without cause or notice at any time, at the option of either the company or myself. I further understand that no manager or representative of this facility other than the President, General Counsel, or Group Vice President of Community Health Systems, Inc. has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

**I UNDERSTAND AND AGREE THAT IF I AM ACCEPTED INTO THE FLOWERS HOSPITAL SURGICAL TECHNOLOGIST PROGRAM, THIS WILL NOT CONSTITUTE A JOB OFFER FROM FLOWERS HOSPITAL. I UNDERSTAND THAT IF I AM INTERESTED IN EMPLOYMENT WITH FLOWERS HOSPITAL, I MUST SUBMIT AN EMPLOYMENT APPLICATION AND WILL BE CONSIDERED FOR EMPLOYMENT ALONG WITH OTHER APPLICANTS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, hereby certify that I am not currently excluded, debarred or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; nor have I been convicted of a criminal offense related to the provision of health care items or services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A copy of your high school diploma or GED should accompany this application.**