

ROBERT BOISSONEAULT ONCOLOGY INSTITUTE

| MARION COUNTY | | CITRUS COUNTY | SUMTER AND LAKE COUNTY |
|--|---|---|--|
| 2020 SE 17 th Street Ocala, FL 34471 | 9401 SW St. Rd. 200 Bldg. 800 Ocala, FL 34481 | 2850 SE 3 rd Court Ocala, FL 34471 UROLOGY INSTITUTE OF CENTRAL FLORIDA, P.L. | RBOI: 1540 Clemente Court The Villages, FL 32159, AND PROSTATE EVALUATION CENTER 808 Hwy. 466 Lady Lake, FL 32159 |

All applicants will be considered for employment without regard to Race, Creed, Color, Sex, Age, Marital Status, National Origin, Veteran Status, Handicap or Status with regard to Public Assistance.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

How long have you lived at the above address? _____

Telephone Number: (____) _____ Social Security Number.: _____

Do you smoke? Yes No

It is the policy of this company to neither hire nor continue the employment of persons who smoke. Smoking, at any time or place, during the period of employment is grounds for termination.

EMPLOYMENT INFORMATION

Position Desired: _____

Salary Desired: \$ _____ Current Salary: \$ _____

Type of Employment: Full Time Part Time

What days and hours, if part time?

Days: Monday Tuesday Wednesday Thursday Friday

Hours: From (____) a.m. (____) p.m. to (____) a.m. (____) p.m.

Do you know or are you related to any person employed here? Yes No

If yes, name and relationship: _____

Have you ever been discharged or requested to resign from a position? Yes No

If yes, please explain: _____

How much time have you lost from work during the last 12 months? _____

EDUCATION INFORMATION

| SCHOOLING | YEARS COMPLETED | DEGREE REC. AND MAJOR SUB. | NAME OF SCHOOL | LOCATION | DID YOU GRADUATE? |
|---------------------------------|-----------------|----------------------------|----------------|----------|-------------------|
| GRAMMAR OR HIGH SCHOOL | | | | | |
| TRADE, BUSINESS, CORRESPONDENCE | | | | | |
| COLLEGE | | | | | |
| GRADUATE SCHOOL | | | | | |

Describe any other specialized or professional training (such as business, technical or nursing school). Include study courses given through public or private employment. State whether degree or certificate received.

EMPLOYMENT HISTORY

Start with the most recent first. If necessary, attach an additional sheet.

| | |
|--|--|
| Company Name | Telephone () |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay Start: Last: |
| State Job Title and Describe your work | Reason for Leaving |
| Company Name | Telephone () |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly Pay Start: Last: |
| State Job Title and Describe your work | Reason for Leaving |

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year.

| NAME | ADDRESS | PHONE NO. | BUSINESS | YEAR ACQUAINTED |
|------|---------|-----------|----------|-----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

PROFESSIONAL AND LICENSURE INFORMATION

Do you currently have any professional licenses? Yes No If yes, please complete the following:

| LICENSE TYPE | LICENSE NUMBER | STATE | EXPIRATION DATE |
|--------------|----------------|-------|-----------------|
| | | | |
| | | | |

QUALIFICATIONS AND EXPERIENCE

Position: Nurse Transcription Insurance Secretary Therapist Assistant
 Radiation Therapist Receptionist Secretary Medical Dosimetrist

Office: Typing Insurance Filing Bookkeeping Medical Terminology

Are you a United States Citizen, U.S. national, U.S. lawful permanent resident, refugee, asylee or someone who is authorized to work in the United States? Yes No

If you answered "no" to the question above, do you have the right to work without support from your employer? Yes No

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature: _____