

**ATLANTIC ANESTHESIA, INC. EMPLOYMENT APPLICATION FOR NURSE ANESTHETIST**

**PERSONAL DATA**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Social Security \_\_\_\_\_ Birth date \_\_\_\_\_

Place of Birth \_\_\_\_\_

**Have you ever been known by any other name (including maiden or previous married names)? Yes | NO**  
If yes please list: \_\_\_\_\_

**Licensures, Certifications and Registrations:** I have the following licensures, certificates and registrations:

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

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

I \_\_\_ have / \_\_\_ have not ever been subject to any complaint, investigation, suspension, revocation, or other disciplinary action or proceeding by any institution, hospital, credential body which I have ever been licensed, certified, registered or worked. (If so, please attach explanation and pertinent information (i.e., date, subject of complaint, outcome, etc.) to this application.)

I \_\_\_ have / \_\_\_ have not withdrawn or failed to proceed with an application for licensure or hospital privileges. (If so, please attach explanation and pertinent information (i.e., date, subject of complaint, outcome, etc.) to this application.)

I \_\_\_ have / \_\_\_ have not ever used or been subject to any investigation regarding controlled substances. (If so, please attach explanation and pertinent information (i.e., date, subject of complaint, outcome, etc.) to this application.)

I \_\_\_ have / \_\_\_ have not ever been refused coverage for professional malpractice insurance. (If so, please attach explanation and pertinent information (i.e., date, subject of complaint, outcome, etc.) to this application.)

**EDUCATION & Work Experience - Attach current resume**

**Why did you leave your last job:**

Reason: \_\_\_\_\_

Employer \_\_\_\_\_ Start/End Dates: \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**During your CRNA education:**

- 1. Were you in the Top | Middle | Bottom | Third of your Graduating Class? (**CIRCLE ONE**)
- 2. Did you ever fail a course? YES | NO (**CIRCLE ONE**)
- 3. Did you stop attending your course work or clinical training at any time? YES | No (**CIRCLE ONE**)
- 4. Did you ever bring legal action against your program or school? Yes | NO (**CIRCLE ONE**)
- 5. Did you miss or not attend more than 1 individual classes or clinical assignments? YES | NO (**CIRCLE ONE**)

**If YES to any of the above please explain why:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

The following persons are acquainted with my educational background, professional qualifications, and personal qualities and I give you permission to contact them.

*Name* \_\_\_\_\_ *Telephone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Address* \_\_\_\_\_

*Name* \_\_\_\_\_ *Telephone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Address* \_\_\_\_\_

*Name* \_\_\_\_\_ *Telephone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Address* \_\_\_\_\_

*Name* \_\_\_\_\_ *Telephone:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Address* \_\_\_\_\_

**ADDITIONAL INFORMATION**

I \_\_\_ have / \_\_\_ have not ever been the subject of any complaint, charge, discipline, or adverse action by any educational institution or employer wherein it was alleged that I was guilty of or had committed any discrimination or harassment. (If so, please attach explanation and pertinent information (i.e. date, subject of complaint, circumstances, outcome, etc.) to this application.)

I \_\_\_ have / \_\_\_ have not ever been convicted of any criminal offense or infraction (felony, misdemeanor, traffic etc.) (If so, please attach explanation and pertinent information (i.e. date, jurisdiction, offense, circumstances, punishment/sentence, etc.) to this application.)

Do you presently have a physical or mental health condition, including alcohol or drug dependence, that affects or is reasonably likely to affect your ability to perform professional or medical staff duties appropriately?  Yes  No

Are you currently taking medication/under therapy for a condition which would affect your ability to perform professional or medical staff duties if it were discontinued today?  Yes  No

**APPLICANT’S STATEMENT**

I hereby apply for employment with Atlantic Anesthesia, Inc., (the “Group”) in the position indicated.

**Authorization Regarding Information**

I authorize the Group to verify the information I have provided in this application, as well as any other information received relative to my application for employment (i.e. by curriculum vitae, letter reference, recommendation, oral statement, etc.) with any licensing body, board, health care facility, educational institution, employer, reference, person, or entity, and I authorize each such body, board, facility, institution, employer, reference, person, or entity to release and divulge to the Group any and all information which the Group may request. I further authorize the Group to obtain a criminal background or history check concerning me from any police department or other law enforcement agency using Integrated Screening Partners/Pro Mesa Enterprises Inc. in Texas, or other third party service that Atlantic Anesthesia may use.

**Acknowledgment**

I have provided the foregoing information for consideration by the Group, with the understanding and intention that the Group will rely upon such information, as well as other information it may receive in connection with my application (i.e. reference letters, curriculum vitae, statements in interviews, etc.) in determining whether to accept my application and to make an offer of employment. **I understand and acknowledge that the providing of false, inaccurate, incomplete, or misleading information in connection with my application (i.e. in this application, in interviews, in resumes or curriculum vitae, by letter, etc.) will constitute grounds for rejection of my application, or, if discovered after I have been hired by the Group, for immediate termination of employment.**

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Return this application and all attachments to:**  
Mr. Stephen K. Cyrus, Administrator  
Atlantic Anesthesia, Inc.  
134 Business Park Drive, Virginia Beach, Virginia 23462