



LOWE PLASTIC SURGERY (LPS)

2520 NW EXPRESSWAY

OKLAHOMA CITY, OK 73112

Office: (405) 942-4300, Fax: (405) 942-4312, Email: [info@loweplasticsurgery.com](mailto:info@loweplasticsurgery.com)

[www.drjlowe.com](http://www.drjlowe.com)

## JOB APPLICATION

### **Contact Info**

First Name:	
Middle Name:	
Last Name:	
Home Address:	
City/Town:	
State:	
Zip Code:	
Primary Phone:	
Secondary Phone (Mobile):	
Email:	

### **Personal Info**

Last 4 digits of Social Security Number: (not required)	
Have you ever applied with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: month and year	
Are you legally eligible for employment in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or plead guilty to, a crime other than misdemeanor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any other state in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which state(s) and please explain	
Do you have an unrestricted license to drive a vehicle in the state of Oklahoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Work Status**

Pay expected (hourly rate)	
When will you be available to begin work?	
Status desired and days and hours available to work. Please check all that apply:	
<input type="checkbox"/> Full Time	
<input type="checkbox"/> Part time	
<input type="checkbox"/> Per Diem/casual	
<input type="checkbox"/> Monday-Friday	
<input type="checkbox"/> Weekends	
Signify specific days if indicated:	
Are you available to work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other special training or skills (languages, machine operation, certificates, etc.)	
Referred by:	

**Education Information**

<i>College</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School	
Location of School	
Course of study	
Number of years completed	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or Diploma	
<i>High School</i>	
Name of School	
Location of School	
Course of study	
Number of years completed	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or Diploma	
<i>Other</i>	
Name of School	
Location of School	
Course of study	
Number of years completed	
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or Diploma	

**Professional Licensure and/or Certification applicable to job (CPR,RN,ARRT, etc)**

License/Certification	
Date License Issued (month/year)	
License Number	
Date License Expires (month/year)	
State	
Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent	<input type="checkbox"/> Yes <input type="checkbox"/> No
License/Certification	
Date License Issued (month/year)	
License Number	
Date License Expires (month/year)	
State	
Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment History**

<i>Employer 1</i>	
Company Name	
Telephone	
Address	
Employed (month and year)	
From:	
To:	
Name of Supervisor:	
Weekly pay:	
Job Title:	
Reason for leaving:	
Describe your work:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Employer 2</i>	
Company Name	
Telephone	
Address	
Employed (month and year)	
From:	
To:	
Name of Supervisor:	
Weekly pay:	
Job Title:	
Reason for leaving:	
Describe your work:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment History (continued)**

<i>Employer 3</i>	
Company Name	
Telephone	
Address	
Employed (month and year)	
From:	
To:	
Name of Supervisor:	
Weekly pay:	
Job Title:	
Reason for leaving:	
Describe your work:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Employer 4</i>	
Company Name	
Telephone	
Address	
Employed (month and year)	
From:	
To:	
Name of Supervisor:	
Weekly pay:	
Job Title:	
Reason for leaving:	
Describe your work:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>Employer 5</i>	
Company Name	
Telephone	
Address	
Employed (month and year)	
From:	
To:	
Name of Supervisor:	
Weekly pay:	
Job Title:	
Reason for leaving:	
Describe your work:	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**(May submit further documents as needed)**

## **Please Submit Resume with Application**

**Please Read carefully and check next to “I have read and agree to the terms and conditions stated above” before submitting your application.**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by Lowe Plastic Surgery (LPS), that such employment is at will, for no specific duration and may be terminated by LPS or by myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of LPS or its representatives during the employment process is deemed a contract of employment real or implied. I understand that no representative of LPS except the owners has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the LPS owners. I understand that LPS has a 90 day trial period required prior to full time employment and qualification for benefits.

In consideration for employment with LPS, if employed, I agree to conform to the rules, regulations, policies, and procedures of LPS at all times and understand that such is a condition of employment. I understand that due to the nature of LPS business, attendance and punctuality are considered essential requirements of every job at LPS and that poor attendance or tardiness will result in disciplinary action. I understand that, if offered a position with LPS, I may be required to submit to a pre-employment medical examination, drug screening and background checks as a condition of employment. I understand that an unsatisfactory result from, refusal to cooperate with, or any attempt to affect results of these employment tests and checks will result in withdrawal of any employment offer or termination of employment, if already employed.

I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to LPS and/or any of its representatives, agents or vendors and I release all parties involved from any and all liabilities for any and all damages that may result from providing such information. I understand that this application is considered current for 12 months. If I wish to be considered for employment after this period I must complete and submit a new application.

By checking the area below and providing my signature, I acknowledge that I have read, and understood and agree to the above statements.

\_\_\_ I have read and agree to the terms and conditions stated above.

Sign Here: \_\_\_\_\_

Date:     /     /

\*PLEASE FAX COPY TO (405) 942-4312 (ATTENTION: LPS MANAGER)

\*\*OR EMAIL SCANNED COPY TO [info@loweplasticsurgery.com](mailto:info@loweplasticsurgery.com) (SUBJECT: JOB)

\*\*\*CONTACT OUR OFFICE ANYTIME TO CONFIRM YOUR APPLICATION WAS RECIEVED

**Thank you for considering Lowe Plastic Surgery, LLC**