

APPLICATION FOR EMPLOYMENT

Salt Creek Surgery Center



BASIC INFORMATION

Last Name:	First Name:	Middle Initial:	Social Security Number:
Current Address (street, city, state, zip):			
Previous Address (street, city, state, zip):			
Home phone number: ()	Cell phone number: ()	Email address:	
Have you ever been known by any other name? <i>If yes, please list:</i> _____			

Position(s) applied for:	Salary requirement: \$ _____ <input type="checkbox"/> hourly	Date Available:
Check one: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-	Hours preferred:
How were you referred to us?		
<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Internet	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> HOA Employee: (name) _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> School/College

Have you ever been employed with Salt Creek Surgery Center before? Yes No
If yes, state position, location, dates and supervisor's name: _____

Do you have any relatives currently working for Salt Creek Surgery Center? Yes No
If yes, state name(s) and relationship(s): _____

Are you over the age of 18? Yes No
If no, hire is subject to verification that you are of minimum legal age.

Are you currently employed? Yes No *If yes, may we contact your current employer?* Yes No

Have you ever been convicted of a felony crime? Yes No
If yes, state offense, date, court, location, circumstances leading to conviction and disposition of case: _____

Convictions will be considered only insofar as relevant to qualification for employment. Applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.

EDUCATION

SCHOOL	NAME/LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	GRADUATE?	DIPLOMA/DEGREE
High School				<input type="checkbox"/> Yes	
Undergraduate College				<input type="checkbox"/> Yes	
Graduate/ Professional				<input type="checkbox"/> Yes	
Other (specify)				<input type="checkbox"/> Yes	

Please indicate which skills you possess.

- | | | | |
|--------------------------------------------------|----------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Foreign Language: _____ | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Supervision | <input type="checkbox"/> PC Software: (specify) _____ |
| <input type="checkbox"/> Typing _____ (WPM) | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Billing and | <input type="checkbox"/> Accounts Payable |
| <input type="checkbox"/> Coding | <input type="checkbox"/> Surgical Technician | <input type="checkbox"/> Radiology Tech | <input type="checkbox"/> Instrument Tech |
| <input type="checkbox"/> Registered Nurse | | | |

Licenses and Certifications: _____

EMPLOYMENT HISTORY

List present and past employment, beginning with your most recent. Include any active duty in the Armed Forces.

Employer name:	Dates: From _____ To _____	
Address:	Salary: Start \$ _____ End \$ _____	
City/State/Zip:	Telephone number: ()	
Job title:	Supervisor's name:	
Brief description of key responsibilities:	Reason for leaving:	

Employer name:	Dates: From _____ To _____	
Address:	Salary: Start \$ _____ End \$ _____	
City/State/Zip:	Telephone number: ()	
Job title:	Supervisor's name:	
Brief description of key responsibilities:	Reason for leaving:	

Employer name:	Dates: From _____ To _____	
Address:	Salary: Start \$ _____ End \$ _____	
City/State/Zip:	Telephone number: ()	
Job title:	Supervisor's name:	
Brief description of key responsibilities:	Reason for leaving:	

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members

Name	Occupation	Phone Number

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND RETURNING THIS APPLICATION

An Equal Opportunity Employer

Salt Creek Surgery Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other characteristics protected by law.

I understand and acknowledge that employment with Salt Creek Surgery Center is contingent upon the authenticity of all information I have or will present on my employment application form and that all information given is true and correct. I authorize investigation of all information contained in this application and release from all liability all persons, educational institutions, companies or corporations supplying such information. I understand that the misrepresentation or omission of information requested is cause for unfavorable disposition of my application, or if I am hired, for my termination.

I understand and acknowledge that, as a condition of employment, federal law requires that I present documentation to establish my identity / authorization to work in the United States.

I understand and acknowledge that employment is contingent upon satisfactory results of various pre- and post-employment checks, which could include, but are not limited to, drug screening, references, security, background and credit checks. I hereby authorize Salt Creek Surgery Center and / or its agents, to conduct these checks and agree, as a condition of employment, to submit to such checks. I hereby release Salt Creek Surgery Center from all liability related to performing these checks and / or taking employment action in connection with their results. With regard to any investigative consumer reports Salt Creek Surgery Center obtains, I understand that pursuant to the Fair Credit Reporting Act, I have the right to request that Salt Creek Surgery Center disclose the nature and scope of the

investigation requested and the right to request from the consumer reporting agency that prepares my consumer report a summary of my rights under the act.

I authorize Salt Creek Surgery Center to fully investigate whether I have had criminal convictions, and if so, the circumstances surrounding any of them. I further authorize Salt Creek Surgery Center to fully investigate any pending unresolved criminal charges against me.

I understand and acknowledge that if, in the sole opinion of Salt Creek Surgery Center, the results of any pre- or post- employment checks are unsatisfactory, then an offer of employment that may have been made may be withdrawn, or my employment with Salt Creek Surgery Center may be immediately terminated.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Salt Creek Surgery Center is of an "at will" nature, meaning an employee can terminate the employee's employment with Salt Creek Surgery Center at any time for any reason. Of course, the company reserves the same right. "At will" employment may be modified only through a written document signed by the management company representative.

Signature: _____

Date: _____