

IMPORTANT: Please print answers to every question. Please understand that our acceptance of this application does not create an obligation for us to hire you or for you to accept employment from us. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION FOR VARIOUS REASONS, INCLUDING RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, SEXUAL PREFERENCE OR ORIENTATION, GENDER OR DISABILITY.

**SAWTOOTH SURGERY CENTER EMPLOYMENT APPLICATION
PERSONAL INFORMATION**

Today's Date: _____

Last Name	First Name	Middle Initial	Social Security Number	
Present Address		Apt. No.	City	State Zip
Home Phone Number Area Code ()		Alternate Phone Number Area Code ()		

If hired, can you provide citizenship status or provide valid authorization to work in the U.S. YES NO

Have you ever been convicted of a felony? (Do not answer "yes" if your official conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant for employment.) Yes No
If yes, please describe: _____

JOB INTEREST

Position Applying for: _____	Date Available: _____	Salary or Hourly Rate Desired
Days and times available: _____		
Are you applying for: Approx. how many hours/month are you interested?	Special Skills/Qualifications	
Hourly <input type="checkbox"/> Full-time <input type="checkbox"/>	_____	
Salary <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	_____	

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Have you ever applied with our company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?
Have you ever worked for this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?

Reason for leaving?	Name of last supervisor at this company?
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How were you referred to this company? Advertisement School or college Recruiter Other (please specify) _____
Current employee? (Name) _____

EDUCATION

Type of School	Name and Location	Date last attended	Major field of study	Graduated	Credits or Degree obtained
High School last attended		XXXXXX XXXXXX		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

List below your employment history beginning with your most recent employer.

Employer Name _____ /Supervisor name _____ Address _____ Phone # _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<p style="text-align: center;">Dates of employment</p> From: _____ / _____ To: _____ / _____ <p style="text-align: center;">Salary History</p> Start: _____ End: _____
Employer Name _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<p style="text-align: center;">Dates of employment</p> From: _____ / _____ To: _____ / _____ <p style="text-align: center;">Salary History</p> Start: _____ End: _____
Employer Name _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<p style="text-align: center;">Dates of employment</p> From: _____ / _____ To: _____ / _____ <p style="text-align: center;">Salary History</p> Start: _____ End: _____
Employer Name _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<p style="text-align: center;">Dates of employment</p> From: _____ / _____ To: _____ / _____ <p style="text-align: center;">Salary History</p> Start: _____ End: _____

REFERENCES

List three references of non-related persons.

Name of Reference	Address	Telephone Number * required

Release /Consent/Disclosure

I understand and certify that all information supplied in this application is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the company, and further agree that my employment and compensation are at the will of the company and can be terminated, with or without cause, and with or without notice at any time at the option of either the company or myself.

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to the company, its representatives or agents, any and all information set forth in this application. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise, against any and/or all of them, including the company as a result of them furnishing information to the company. I authorize the company, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the company to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

The company is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

The company has a firm commitment to its employees, customers and the public to provide the safest and most competent services possible. The nature of our businesses requires that we promote high standards of employee health. Therefore, any employee sustaining an on-the-job injury that requires medical treatment or that involves damage to company property may be requested to submit to a blood and/or urine test to determine the possible presence of drugs and/or alcohol. Any employee guilty of serious safety infractions, including near-miss situations, or failure to follow established safety procedures may be subject to testing under this policy.

I understand this application will be active for employment consideration for 90 days. After 90 days, if I wish to be considered for employment, I must contact the company to determine if applications are being accepted.

I have read, understand and agree with this statement.

APPLICANT'S SIGNATURE

DATE