

Employment Application

PACIFIC SURGERY CENTER

READ CAREFULLY: This organization does not discriminate on the basis of race, color, religious creed, national origin, sex, age or disability.

Please answer all questions completely. The information you supply will be fully verified and you should avoid any misstatements which would jeopardize your consideration for employment.

DATE OF APPLICATION	TYPE OF WORK OR POSITION DESIRED	
MONTHLY (HOURLY) WAGE DESIRED \$ MONTHLY OR HOURLY	TYPE OF EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> PRN	HOW DID YOU HEAR ABOUT THE POSITION?

PERSONAL	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
	STREET ADDRESS			TELEPHONE #
	HAVE YOU APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO LEGALLY ALLOWED TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS:

EDUCATION	TYPE	NAME OF SCHOOL	LOCATION (CITY & STATE)	DATES ATTENDED (FROM - TO)	DEGREE(S) ATTAINED
	HIGH SCHOOL				
	COLLEGE				
	NURSING SCHOOL				
	GRADUATE WORK				
	OTHER				
MAJOR STUDIES:			MINOR STUDIES:		

SKILLS	OTHER SKILLS ACQUIRED OR ADDITIONAL EDUCATION YOU FEEL IS PERTINENT TO YOUR APPLICATION (BUSINESS MACHINES OPERATED, COMPUTER (WORD, EXCEL, POWER POINT, ETC.)) INCLUDE ANY PROFESSIONAL CERTIFICATIONS	
	IF YOU ARE AN R.N. OR OTHER PROFESSIONAL REQUIRING LICENSING, ARE YOU CURRENTLY LICENSED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NO: STATE:

HAVE YOU SERVED IN ANY BRANCH OF THE MILITARY? <input type="checkbox"/> NO <input type="checkbox"/> YES	BRANCH:	DATE ENTERED	DATE DISCHARGED
MILITARY WORK EXPERIENCE OR TRAINING RELATED TO POSITION FOR WHICH YOU ARE APPLYING:			

List all employment for the past 10 years, or since leaving school, starting with your most recent position. All time must be accounted for including U.S. Military Service. If you were unemployed for any period, state the nature of your activities. As your work experience is an important factor in finding a position for which you are suited, complete carefully.

PRESENT EMPLOYER MAY BE CONTACTED? YES NO

****START WITH MOST RECENT EMPLOYMENT**

EMPLOYMENT	FROM	TO	EMPLOYER NAME & EMAIL / PHONE #	YOUR POSTION & DUTIES	REASON FOR LEAVING	
	MO/YR	MO/YR				
				NAME OF SUPERVISOR		
			NAME OF SUPERVISOR			
			NAME OF SUPERVISOR			
			NAME OF SUPERVISOR			
			NAME OF SUPERVISOR			

REFERENCES	Please list three persons, other than relatives, who have known you for at least one year.		
	NAME	PHONE # / EMAIL ADDRESS	RELATIONSHIP

1. I certify by my signature that the information I have given on this application is true and complete. I understand that any concealment or misrepresentation may be considered cause for termination of employment.
2. I also certify that I may be required to work at other than my regular assignment as the needs of the organization require, and that my employment is subject to complying with those other rules, regulations, and conditions as established by management.
3. I also certify that if I am employed, I will give at least 14 days written notice before terminating my employment. Failure to give such notice waives any and all benefits I accrued other than pay for time worked.

I understand that for the organization and its personnel to make a knowledgeable decision as to my being hired, they must check with my prior employer(s). I consent to and authorize the organization and its personnel to ask any and all references noted above, in any manner they choose, for information concerning me whether good or bad, and I know that a complete answer is important to my being hired.

I, therefore, RELEASE all parties and persons connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing the information.

DATE: _____

SIGNATURE OF APPLICANT: _____