surgerycenter of SILVERDALE, LLC

APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK AND MAY BE TESTED FOR ILLEGAL DRUGS

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (___)_____

Date of Birth _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Any conflict with certain hours? _____

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

When available for work? _____

_____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No

Driver's license number _____ State of issue _____ ❑ Operator ❑ Commercial (CDL) ❑Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

OFFICE SKILLS

Keyboarding: _____ WPM

10-key skills: ❑ Yes ❑ No

Computer skills: ❑ PC ❑ Mac

Other skills: _____

_____

Software proficiency:

MS Word: ❑ Advanced ❑Intermediate ❑ Familiar with

MS Excel: ❑ Advanced ❑Intermediate ❑ Familiar with

MS Outlook: ❑ Advanced ❑Intermediate ❑ Familiar with

Other software programs & skill level:

_____

_____

Please list two references other than relatives or previous employers.

Name _____

Position _____

Company _____

Address _____

_____

Telephone ( ) _____

Name _____

Position _____

Company _____

Address _____

_____

Telephone ( ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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APPLICATION FOR EMPLOYMENT

MILITARY

Have you ever been in the Armed Forces? ❑ Yes ❑ No

Are you now a member of the National Guard? ❑ Yes ❑ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name & address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number:	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No

If not, who did? _____

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Surgery Center of Silverdale, LLC (hereinafter called "Company" or "SCS"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of SCS or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Board of Managers. Either party may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for possible pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant_____ Date: _____

SCS is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Surgery Center of Silverdale, LLC