

# Employment Application

We consider all applicants solely on the basis of qualifications for the position for which application is made, without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status. Application is considered active for 90 days from date of receipt.

**(PLEASE PRINT, except for signature on back of application) All Questions must be completed. It is not acceptable to answer "See Resume".**

Date \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Telephone (Day) ( ) \_\_\_\_\_ Social Security # (optional) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Home) ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you employed now?  Yes  No

Are you 18 years old or older?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Can you travel if a job requires it?  Yes  No

Can you speak, write, or read any foreign languages?  Yes  No

If yes, which one(s) \_\_\_\_\_

Were you referred by an employee of the center?  Yes  No If Yes, please give name \_\_\_\_\_

EDUCATION	HIGH SCHOOL	COLLEGE/UNIVERSITY	GRADUATE/PROFESSIONAL
School Name:	_____	_____	_____
City/State:	_____	_____	_____
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Major Field of Study:	_____	<input type="checkbox"/> No degree <input type="checkbox"/> Yes: _____	<input type="checkbox"/> No degree <input type="checkbox"/> Yes: _____

Summarize other information you believe pertinent to your application (Include other skills or certifications obtained such as CPR, CPT Coding, computer skills, software utilized, typing speed, vocational or business schools, paralegal certification, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**EMPLOYMENT HISTORY** (List your four most recent employers or all employers in the last 7 years (whichever is less), including military experience, beginning with the current or most recent position.) **All Questions must be completed. It is not acceptable to answer "See Resume".**

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Employer:	Phone:	Dates of Employment (Mo/Yr) From: To:
Street Address:		Job Title:
City, State, Zip:		Supervisor's Name:
Job Duties:		Supervisor's Title:
If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Starting Salary/Final Salary:
Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Employer:	Phone:	Dates of Employment (Mo/Yr) From: To:
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Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Reason for Leaving or if Employed, Reason for Seeking Job Change:		Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**GENERAL INFORMATION:** All Questions must be completed. It is not acceptable to answer "See Resume".

Have you ever been convicted of a crime (misdemeanor or felony) other than minor traffic violations? Minor traffic violations include, but are not limited to, the following: failure to yield right-of-way; driving uninsured vehicle; and parking violations. (A yes answer does not automatically disqualify you from employment, but will only be considered in relation to the specific job requirements.)

Yes  No

*Direct care staff members of the facility shall not have a prior conviction or have plead no contest (nolo contendere) within the last 10 years for child or adult abuse, neglect, exploitation, or mistreatment, or for sexual assault or assault with a deadly weapon.*

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Has your professional license in this state or any other state been suspended, limited, revoked or subjected to disciplinary action OR are there any restrictions or limits on your licenses or certifications?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from a job because of alleged negligence, neglect, or violation of employer's policy and procedures?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you under any obligation to a current or former employer, which may restrict your ability to accept employment with Sawtooth Surgery Center Policies?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

hold for Alta: Have you ever been excluded from a federal healthcare program?

Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## MILITARY SERVICE RECORD:

Have you served in the Armed Forces?  Yes  No If so, what branch? \_\_\_\_\_

Date of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Duties/Special Training: \_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES:** (Professional -- one must be former manager/supervisor-no relatives)

NAME	RELATIONSHIP	PHONE # DAY & NIGHT	# OF YEARS KNOWN
1.			
2.			
3.			

List professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.)

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Is there any additional information that you feel will help us determine the type of position you are able to undertake?

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## ***Employment Conditions – Read Carefully Before Signing***

By my signature below, I certify that all information provided on this application or on the resume I submitted to Sawtooth Surgery Center, is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from Sawtooth Surgery Center. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct without any mental reservation whatsoever. I further certify that I, the undersigned applicant, have personally completed this application.

I understand that nothing in this application, or in granting of an interview, is intended to create an employment contract between (Employer) and me. I understand that employment with Sawtooth Surgery Center is “at will” and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and Sawtooth Surgery Center may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by Sawtooth Surgery Center, I will abide by its rules, regulations, policies and procedures

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information.

## Employment Application

I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Sawtooth Surgery Center is an Equal Opportunity Employer. Sawtooth Surgery Center does not discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law. I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for a reasonable accommodation that would be required by the ADA.

This application is current for 90 days. At the conclusion of this time, if I have not heard from Sawtooth Surgery Center and still wish to be considered for employment, it will be necessary to complete a new application.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process (if requested), or at any time during my employment with Sawtooth Surgery Center. I understand that either refusal to submit to the test or failure of the test per Sawtooth Surgery Center policy will disqualify me from consideration and/or continuation of employment. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_