

**HIGH POINTE SURGERY CENTER
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

All qualified applicants shall have the opportunity to be considered for employment without regard to their race, creed, color, religion, national origin, age, disability, sex, sexual orientation, marital status, citizenship, or any other characteristic protected by applicable federal or state laws. The company will consider reasonable accommodations to the known impairments of otherwise qualified applicants to enable them to participate in our applicant screening process and to effectively perform the essential functions of their jobs, unless doing so would impose an undue hardship on the company.

PERSONAL INFORMATION	LAST NAME				FIRST NAME				MIDDLE INITIAL				SOCIAL SECURITY #																			
	PRESENT ADDRESS								PRESENT PHONE NUMBER (WHERE YOU CAN BE REACHED)																							
	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES _____ NO _____																															
	IF HIRED, WITHIN 72 HOURS OF THE COMMENCEMENT OF EMPLOYMENT, CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986? YES _____ NO _____																															
ALL APPLICANTS GIVEN A CONDITIONAL OFFER OF EMPLOYMENT MUST SUBMIT TO A BACKGROUND CHECK																																
EMPLOYMENT DESIRED	POSITION FOR WHICH YOU ARE APPLYING: _____																															
	POSITION OR TYPE OF WORK DESIRED: Circle those you are interested in: Full-Time Part-Time Temporary Summer								CIRCLE DAYS AVAILABLE M T W TH F S SU				HOURS AVAILABLE Days _____ Evenings _____																			
	DATE AVAILABLE TO START WORK: _____								WERE YOU EMPLOYED BY US PREVIOUSLY? __ YES __ NO IF YES, WHEN? _____ WHAT POSITION? _____																							
EDUCATION, LICENSING, AND SPECIAL SKILLS/MEMBERSHIPS	HIGHEST GRADE COMPLETED:				1 2 3 4 5 6 7 8 GRADE SCHOOL				9 10 11 12 HIGH SCHOOL				1 2 3 4 COLLEGE				GRADUATE LEVEL WORK															
	NAME OF LAST SCHOOL ATTENDED: _____								<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">APPLICANTS WHO ARE LICENSED, CERTIFIED, OR REGISTERED PLEASE COMPLETE:</th> </tr> <tr> <th>STATE</th> <th>NUMBER</th> <th>EXPIRATION</th> <th>VERIFICATION</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>								APPLICANTS WHO ARE LICENSED, CERTIFIED, OR REGISTERED PLEASE COMPLETE:				STATE	NUMBER	EXPIRATION	VERIFICATION	_____	_____	_____	_____	_____	_____	_____	_____
	APPLICANTS WHO ARE LICENSED, CERTIFIED, OR REGISTERED PLEASE COMPLETE:																															
	STATE	NUMBER	EXPIRATION	VERIFICATION																												
	_____	_____	_____	_____																												
_____	_____	_____	_____																													
DATES OF ATTENDANCE: _____																																
DEGREE OR DIPLOMA: _____																																
YEAR GRADUATED: _____																																
SUMMARIZE BRIEFLY OTHER EDUCATIONAL COURSES, SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINES, ETC.)																																
LIST PROFESSIONAL MEMBERSHIPS/ORGANIZATIONS (You are not required to list activities which may reveal your race, age, religion, sex, national origin, marital status, sexual orientation, any disability, or other protected class status):																																

EMPLOYMENT HISTORY

EMPLOYMENT DATES FROM: _____ TO: _____	EMPLOYER	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD:	REASON FOR LEAVING:	
SUMMARY OF JOB DUTIES:		

EMPLOYMENT DATES FROM: _____ TO: _____	EMPLOYER	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD:	REASON FOR LEAVING:	
SUMMARY OF JOB DUTIES:		

EMPLOYMENT DATES FROM: _____ TO: _____	EMPLOYER	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD:	REASON FOR LEAVING:	
SUMMARY OF JOB DUTIES:		

EMPLOYMENT DATES FROM: _____ TO: _____	EMPLOYER	TELEPHONE NUMBER:
FULL NAME OF SUPERVISOR	STREET ADDRESS	
TITLE OF POSITION YOU HELD:	REASON FOR LEAVING:	
SUMMARY OF JOB DUTIES:		

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES _____ NO _____

WERE YOU EVER EMPLOYED UNDER ANOTHER NAME? YES _____ NO _____

If YES, NAME: _____ WHEN: _____ WHERE: _____

IF THERE IS A GAP IN YOUR EMPLOYMENT HISTORY OF THREE CONSECUTIVE MONTHS OR MORE WITHIN THE PAST FIVE YEARS, PLEASE INDICATE AND PROVIDE AN EXPLANATION BELOW.

PLEASE PROVIDE THREE REFERENCES THAT WE MAY CONTACT:

NAME AND OCCUPATION	EMAIL ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION STATEMENT

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT ON THIS APPLICATION OR DURING THE APPLICATION/ INTERVIEW PROCESS MAY RESULT IN REJECTION OF MY APPLICATION OR, IF HIRED, IMMEDIATE TERMINATION OF EMPLOYMENT.

I AUTHORIZE THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY (AND ITS EMPLOYEES AND AGENTS) FROM ANY AND ALL LIABILITY FOR SEEKING INFORMATION AND OPINIONS ABOUT ME. I AUTHORIZE ALL EMPLOYERS, EDUCATIONAL INSTITUTIONS, ENTITIES AND PERSONS LISTED IN THIS APPLICATION TO PROVIDE INFORMATION ABOUT ME AND HEREBY RELEASE THEM FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION. I HEREBY WAIVE ANY PRIVILEGE I HAVE TO SUCH INFORMATION.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT, THE OFFER IS CONDITIONED ON MY PASSING THE PRE-EMPLOYMENT MEDICAL EXAM, DRUG SCREEN AND BACKGROUND CHECK.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS "AT WILL" AND MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, FOR ANY REASON, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WHETHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANY TIME, CONSTITUTES A CONTRACT OF EMPLOYMENT UNLESS SIGNED BY ME AND A MEMBER OF THE BOARD OF DIRECTORS. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE, OR OTHERWISE CHANGE ALL POLICIES, PROCEDURES, BENEFITS, OR OTHER TERMS OR CONDITIONS OF EMPLOYMENT.

APPLICANT'S SIGNATURE
#2815486\2

TODAY'S DATE