



Employment Application

The information given on this form is solely for the use of First Street Surgical Center and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

PERSONAL	Last Name	First	Middle	Email Address	
	Present Address- Street	City, State		Zip Code	Contact Telephone Number
	Alternate Address- Street	City, State		Zip Code	Alternate Telephone Number
	Referred by:	Date Available for Employment		Eligible to Work in United States?	
	Position (s) Applied For:	Starting Salary Desired		Geographical Locations Preferred	
	Are you willing to:				
	Travel? Yes No	Work Overtime? Yes No		Transfer? Yes No	
Are you at least 18 years of age?		Have you previously worked for our company?			
Yes No	Yes No				

EMPLOYMENT BACKGROUND	1. Present (or last) Company Name				Address	City, State	Phone #
	Dates: From - To		Starting Base Salary		Current Base Salary		May we contact?
			\$		\$		Yes No
	Job Title		Supervisor		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)						
	2. Previous Employer Company Name				Address	City, State	Phone #
	Dates: From - To		Starting Base Salary		Current Base Salary		May we contact?
			\$		\$		Yes No
	Job Title		Supervisor		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)						
	3. Previous Employer Company Name				Address	City, State	Phone #
	Dates: From - To		Starting Base Salary		Current Base Salary		May we contact?
			\$		\$		Yes No
	Job Title		Supervisor		Reason for Leaving		
	Brief description of duties (include number of persons supervised, if applicable)						

FIRST STREET SURGICAL CENTER IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.

EDUCATION	Schools Attended and Location	Dates Attended From To		Major	Type of Degree	Grade Average Overall Major		Date of Graduation (Mo/Yr)
	High School				Diploma or GED Yes No			
	College							
	College							
	College							
	Special Awards or Recognitions							
	Special Awards or Recognitions					* If no degree obtained, indicate number of college credit hours completed		

MILITARY	Active Duty Branch	Dates of Active Duty	Highest Rank Attained
	Reserve Status	Reserve Branch	

CRIMINAL	Have you ever plead guilty or nolo contendere (no contest), received deferred adjudication, received probation, court ordered community supervision, pre-trial diversion, or been convicted of any criminal offense (felonies and misdemeanors) other than minor traffic citations?	Yes	No
	If Yes, please list the date, nature, locations, and disposition.		

SKILLS	List office skills, trades, abilities or license certifications that may be beneficial in the job for which you are applying.		
	Foreign Languages:	Degree of Proficiency: Speak Read Write	

REFERENCES	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known
	Name and Association	Occupation	Address	Phone Number	Years Known

APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by First Street Surgical Center my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I hereby grant First Street Surgical Center the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to First Street Surgical Center, or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT _____ DATE _____



Drug Screen Authorization and Release of Claims against First Street Surgical Center

Please write legibly and print clearly

I, _____ agree to submit to blood, breath and/or urinalysis test (each a “Test”) to determine whether I have illegal, abused or prohibited drugs in my system prior to being offered employment and/or at any time during my term of employment, with First Street Surgical Center. I understand that if I test positive for the presence of illegal, abused, or prohibited drugs I will not be offered employment and/or if employed by First Street Surgical Center will be immediately terminated from First Street Surgical Center.

I consent to the release of my Test results to First Street Surgical Center, its subsidiaries and affiliated companies (collectively the “Company”) from the Company’s medical advisors and those companies that perform the Test. I also agree to the release of my drug test results to the Company’s insurers, the state unemployment compensation commission, and any other governmental agency, or as otherwise required by process of law.

I understand that the Tests are being performed in connection with my application for employment, or my subsequent employment, by First Street Surgical Center. If after signing this consent form, I refuse to have the Tests performed, I will not be eligible for employment with First Street Surgical Center.

I hereby acknowledge and release First Street Surgical Center, its medical advisor, their respective associates, officers, agents and employees from liability and damages, direct or indirect, which may arise, whether through negligence or otherwise, in connection with the collection, testing, handling, processing and disclosure of any test specimen or test results and any resulting adverse employment action taken by First Street Surgical Center as a result of any test.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Date of Birth: ____ / ____ / ____ SSN _____

Today’s Date: _____



Background Check Release Form

Please write legibly and print clearly

Applicant's Name: _____

Social Security #: _____

APPLICANT AUTHORIZATION

I consent to and authorize First Street Surgical Center and its agents, contractors and employees to obtain information about my professional competence, education, previous employment, and criminal background from any source that can legally supply such information. It is expressly understood that any information obtained is to be used for determining my acceptability for employment. I also hereby release First Street Surgical Center, its agents, contractors and employees, from all liability for damages or claims, including, but not limited to: defamation, interference with contract, or prospective economic advantage and negligence, which I have or may have which arise or which results from any information obtained, and any decisions made by First Street Surgical Center as a result of any information obtained by First Street Surgical Center pursuant to this information.

Signature: _____

Printed Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Date of Birth: ____/____/____ SSN _____

Today's Date: _____