



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(Please Print)

Name:

LAST

FIRST

MIDDLE

Address:

NUMBER

STREET

CITY

STATE/ZIP

Telephone: ()

Social Security Number:

Position Applied For:

Date of Application:

Minimum Salary Requirements: _____

Are you attaching a Resume with this application?

Yes

No

Referral Sources (how did you hear about us?):

Friend/Relative: _____

Advertisement

Walk-in

Other: _____

Do you have any relatives currently employed here?

Yes

No

Are you employed now? Yes No May we contact your employer? Yes No

On what date are you available for work? _____

Are you available to work: Days Evenings Nights Saturdays

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Have you ever been convicted of a crime? Yes No
(Conviction does not necessarily disqualify applicant from employment.)

Are you an 'ineligible' employee according to the Office of Inspector General? Yes No

Veteran of U.S. Military Service? Yes No If Yes, Branch: _____

If Yes, are you eligible for Active Duty? Yes No

PROFESSIONAL LICENSE:

Professional License Number:	Date Acquired: Expiration Date:	Comments:
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Professional License Number:	Date Acquired: Expiration Date:	Comments:

Have you ever had any disciplinary action against your professional license(s) (suspended, restrictions, investigation or revoked)? Yes No N/A



EDUCATION

	High School	College/University	Graduate/Professional	Trade Schools/ Other
School Name				
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/ Degree				
Date Degree Received				
Describe Course of Study:				

SKILLS/TRAINING	
Check all that apply:	
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Word Perfect <input type="checkbox"/> Excel <input type="checkbox"/> Lotus <input type="checkbox"/> Outlook
<input type="checkbox"/> Patient Information Systems (list): _____	<input type="checkbox"/> Typing _____ wpm

Languages other than English that you:	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT EXPERIENCE: Indicate any other name under which you have worked. Please complete the following, even if you are attaching a resume. Start with your present or last job. Include military service assignments.

Employer	Work Performed	Start Date	End Date
Address			
City/State/Zip			
Telephone Number		Base Hourly Rate/Salary	
Job title		Start	Final
Supervisor			

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Address			
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Reason for Leaving			



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Reason for Leaving			

PROFESSIONAL REFERENCES: Name of three persons, not relatives, who may be contacted at the present time:

Name	Address	Telephone Number	How long known/capacity?



Applicant’s Certification and Agreement (Please read carefully)

In consideration of being employed, I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The employer has my authorization to thoroughly investigate my work and personal and credit history and I hereby consent to take any test, whenever the employer deems it necessary in any employer investigation. I will hold no person, corporation or organization liable for my giving or its receiving information in such investigation.
3. If employed, I may terminate my employment at any time without notice or cause, and the employer may terminate or modify the employment relationship at any time without prior notice or cause.
4. Any doctor, hospital or testing laboratory has my consent to conduct medical or drug tests on me, and I hereby give my consent to having all information released for the employer to determine my abilities to perform job duties now or in the future.
5. The needs of the employer may make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I accept these conditions of employment.
6. The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on my employment application is used for the purpose of limiting or excluding any applicant’s consideration for employment on a basis prohibited by local, state or federal law.

If employed, I understand that I must abide by Boulder Surgery Center’s mission statement and policies and procedures in order to provide quality care to its patients and physicians.

Signature of Applicant: _____

Date: _____

***PRE-EMPLOYMENT DRUG SCREEN AND BACKGROUND CHECK
IS REQUIRED ON ALL NEW EMPLOYEES PRIOR TO BEGINNING
EMPLOYMENT***