



## Employment Application

Each question should be fully and accurately answered. **No actions can be taken on this application until all questions have been answered.** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination due to sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Use blank paper if you do not have enough room on this application. **Please print**, except for signature on back of application.

*Please note: Information on this application will be verified.*

Position applied for:	Today's date
Type of employment sought: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Shifts	Date available

Which category would you prefer?  
 Full Time     Part Time     Temporary     Per Diem

### Personal Data

Last Name	First Name	Middle Initial	Preferred Name	Home Telephone
Complete Street Address				Cell Phone
City		State	Zip Code	

Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you furnish proof you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Proof of citizenship or immigration status will be required upon employment*

Driver's License #	Licensing State	Name as it Appears on License
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Emergency Contact Name	Relationship	Phone	Address
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Do you have relatives working here?     Yes     No

**\*\*Relatives are: spouses, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father- in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew.\*\***

If so, please provide name(s), relationship(s), and work area(s):

Previous addresses for the past seven years				
Street	City	State/Zip	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**Military**

Branch of Service	Rank/Rate at Discharge
Active Duty Service Dates: From _____ To _____	
Describe your service duties and any special training:	

**General**

Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date(s)	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date(s)	
Have you been convicted or served time for a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please note: A conviction record will not necessarily be a bar to employment.</i> If yes, please describe in the spaces below.		
Charge	City/State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
Comments:		

**Education & Training**

High School - Name, Address, City, State & Phone	Dates Attended		GED Cert #
Highest grade completed: _____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	To	From	Issued by/Phone
College - Name, Address, City, State & Phone	Dates Attended		Major
	To	From	Type of Degree
			Date of Degree
State License or Registry Number (include license/registry held in all states)			
Other schools or training (trade, vocational, armed forces, or business). Please provide name, location, date attended, subjects studied, certifications and other pertinent data.			
Was education or training received under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes please provide: _____			



### Skills

If you are an experienced operator of any business machines and/or equipment, please list:	Special qualifications (certification, honors, awards) - Please include dates received:
Do you keyboard? _____Yes _____No	Words Per Minute:
Special language skills - Please identify skill set(s) as reading, speaking and/or writing,	

### Work History

Work history must be accurate and complete or your application will be subject to rejection. List your entire work history starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your employment unless you specifically state that no such contact should be made. Correct telephone numbers of past employers are crucial.

<b>Present or last employer</b>				Employment Dates (Month/Year)	
				From	To
Address (include City, State & Zip)				_____ Full Time _____ Part Time	
Your title	Supervisory Position _____ Yes _____ No	Number Supervised	Type supervised _____ Labor _____ Technical _____ Professional	Salary	
Brief Description of Duties					
Reason For Leaving		Name of Supervisor	Phone Number	May we contact? _____ No _____ Yes	
<b>Previous employer</b>				Employment Dates (Month/Year)	
				From	To
Address (include City, State & Zip)				_____ Full Time _____ Part Time	
Your title	Supervisory Position _____ Yes _____ No	Number Supervised	Type supervised _____ Labor _____ Technical _____ Professional	Salary	
Brief Description of Duties					
Reason For Leaving		Name of Supervisor	Phone Number	May we contact? _____ No _____ Yes	



<b>Previous employer</b>				Employment Dates (Month/Year)	
				From	To
Address (include City, State & Zip)				____ Full Time ____ Part Time	
Your title	Supervisory Position ____ Yes ____ No	Number Supervised	Type supervised ____ Labor ____ Technical ____ Professional	Salary	
Brief Description of Duties					
Reason For Leaving		Name of Supervisor	Phone Number	May we contact? ____ Yes ____ No	
<b>Previous employer</b>				Employment Dates (Month/Year)	
				From	To
Address (include City, State & Zip)				____ Full Time ____ Part Time	
Your title	Supervisory Position ____ Yes ____ No	Number Supervised	Type supervised ____ Labor ____ Technical ____ Professional	Salary	
Brief Description of Duties					
Reason For Leaving		Name of Supervisor	Phone Number	May we contact? ____ Yes ____ No	
<i>Note: If additional space is required, please attach sheets.</i>					
Please provide information not covered elsewhere which relates to your qualifications or eligibility for this position. [Example: Job-related volunteer experience – note organization’s name, supervisor’s name and phone number, and hours worked per year.]					
<i>Note: If additional space is required, please attach sheets.</i>					



### References

Please provide the names and addresses of at least two supervisors or managers who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. *Do not list relatives or repeat the names of supervisors listed under the work history section.* The remainder of this section may include co-workers or others familiar with your work ability; however, it should not include relatives.

Full Name	Address including City, State & Zip	Phone #	Occupation	Relationship

Is there any additional information relative to change of name, use assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record?     Yes     No

If Yes, explain \_\_\_\_\_

Have you used any names or social security numbers other than those already provided in this application?  
 Yes     No

If Yes, explain \_\_\_\_\_

Were you ever discharged or asked to resign from any position?     Yes     No

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

### Recruitment Information

How did you first learn of this position?

Direct contact     Job hotline     Surgery Center website     Advertisement     School

Other \_\_\_\_\_



**Certification & Information Release**

I hereby certify that all questions are fully and correctly answered, and I authorize Boulder Surgery Center, to contact my former employers, references furnished, and all other sources the Center sees fit, and to conduct a credit check if required by the nature of the work to be performed, in order to verify the facts and information furnished with regard to my qualifications for the position sought.

I hereby release any such employer or person from any and all liability of whatsoever nature on account of furnishing such information. I understand that if I make any misleading or incorrect statements on this application it may be rejected and, if I am employed, such statements would be cause for termination.

I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may request information from public and private sources about my workers' compensation injuries, driving record, criminal record, registry license, education, references, credit and previous employment. In connection wit this investigation, I authorize all law enforcement agencies, schools, employers, credit bureaus, government or any other agency deemed necessary to release any information Boulder Surgery Center, may require in connection with this investigation.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and be given the name of the agency or the source of information.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.

I agree to hold harmless Boulder Community Musculoskeletal Surgery Center, LLC, and their respective agents form any and all liability or responsibility arising through the investigation of my background.

Name \_\_\_\_\_

Date \_\_\_\_\_

Please fax or mail your completed application to:  
Boulder Surgery Center  
Attn: Clinical Nurse Manager  
1136 Alpine Avenue, Suite 115  
Boulder, CO 80304

Fax: 303-938-5493