

**Sunrise Ambulatory Surgical Center
Employment Application**

Date: _____

Name: _____			
Last	First	Middle	Maiden/Former
Address: _____			
Street	City	State	Zip Code
Home Telephone: _____	Cell Telephone: _____	Work Telephone: _____	
In Case of Emergency, Contact: _____			
Name/Relationship		Home Telephone	Work Telephone

Position Desired: _____ Available to Start Work On: _____

Type of Work Desired: Full-time ___ Part-time ___ Temporary ___ Pool ___

If hired, can you provide proof that you are eligible to work in the United States? Yes ___ No ___

Have you ever applied here before? Yes ___ No ___ Date: _____ Position: _____

Are you at least 18 years of age? Yes ___ No ___ How were you referred to us? _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain below:

TRAINING AND EDUCATION

	School Name and Address	Graduated?	Diploma, Degree, Certificate
High School		Yes ___ No ___	
College		Yes ___ No ___	
Graduate/Law School		Yes ___ No ___	
Special Training		Yes ___ No ___	
Other Training		Yes ___ No ___	

Employment History

Please start with your present or most recent job.

Employment Dates	Company Name and Address
Job Title	Job Duties
May We Contact?	Reason for Leaving
Yes ___ No ___ Supervisor's Name:	

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U.S. Military Service

Service Branch	Rank	Specialty

Other Special Skills

List any other special skills or proficiencies:

Personal References

Please list three persons, other than relatives, who have known you for one year or more.

Name	Address	Telephone

1. I certify by my signature that the information I have given on this application is true and complete. I understand that any concealment, misrepresentation or omission may be considered cause for termination.
2. I understand that employment is contingent upon my compliance with all company policies, procedures, and standards of conduct .
3. I understand that the center requires a physical examination before my employment and any offer of employment is contingent upon successful completion of that physical examination.
4. I understand that any offer and acceptance of employment is considered at will and employment may be terminated at any time by either employer or employee, with or without cause.
5. I consent and authorize the center to check the stated references for the sole purpose of assessing my eligibility for hire.

Date: _____ Signature: _____