

# ROCKY MOUNTAIN SURGICAL CENTER

## APPLICATION FOR EMPLOYMENT

In compliance with applicable laws, this company does not discriminate because of age, sex, race, color, religion, marital status, national origin, veteran status, or disability.

INSTRUCTIONS: Please type or print in ink. Be sure to answer all questions. If any questions do not apply to you, answer with "No" or "Not Applicable" (N/A). A resume may be attached, but please do not substitute resume for the information requested.

Position applied for	Shift preferences, if applicable	Status preferred <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Pool
Who referred you to our company?	Minimum Salary Requirements	
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	
Have you ever applied with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	
Date you will be available if you application for employment is accepted		

### GENERAL INFORMATION

Last Name	First	Middle	Social Security Number	
Present Address	City	State	Zip	How long?
Previous Address	City	State	Zip	How long?
Telephone Number and Area Code Home ( ) Work ( )	Check one to indicate your citizenship status	<input type="checkbox"/> Legal citizen (LC) <input type="checkbox"/> Resident alien (RA)	<input type="checkbox"/> Student's Visa (SV) <input type="checkbox"/> Visitor's Visa (VV)	
If you are not a citizen, what is your Visa number? _____		What is your Visa expiration date? _____		
Professional Registrations or Licensures				
Type 1. _____	State 1. _____	Renewal 1. _____ Date	Expiration 1. _____ Date	
2. _____	2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	3. _____	

Have you ever served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of military service From _____ To _____	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	If yes, what was the felony?	
When?	What was the outcome? (explain fully)	
Have you ever been terminated from or asked to resign a position? If yes, please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person to be notified in case of emergency	Name	Telephone Number ( )

As a part of our normal procedure for processing applications, a routine inquiry may be made concerning information on an applicant's work and educational history. In compliance with the Fair Credit Reporting Act, further information of the nature and scope of such inquiry, if one is made, is available to you upon written request.

All employment should be covered below including jobs held while in school or in the military.  
Record your present or last position first and list back in chronological order.

Name and Address of Employer	Date Employed		Position(s) Held	Salary	
	From Month-Year	To Month-Year		Starting	Leaving
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		
_____			_____		

	Name and Location of School or College	Circle Highest Grade/Year Completed	Grade Average	Did You Graduate?	If you graduated, what was your degree and major?	What was last calendar year in which you studied?
High School and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study _____	
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Graduate School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____	
Trade, Business or Correspondence School		How long?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major _____	
List any other training you have had						
_____						
_____						
Extracurricular activities, offices held*						
_____						
_____						
Academic honors or other special recognition*						
_____						
_____						

\*Exclude those which indicate race, color, age, national origin, religious preference, or marital status.

## HISTORY

Be sure to complete all questions on each job. Ask for additional form if necessary. Please explain all periods of unemployment.  
A resume may be attached, but please do not substitute resume for the information requested.

Briefly explain your duties, responsibilities, and Number of people supervised in each position held	Why did you leave?	Name, title, and phone number (If accessible) of Supervisor	May we contact?

## ACTIVITIES

Current memberships in Civic, Professional, or other organizations* <hr/> <hr/>
Past membership in Civic, Professional, or other organizations* <hr/> <hr/>
Sports, hobbies, and other interests* <hr/> <hr/>

\*Exclude those which indicate race, color, age, national origin, religious preference, or marital status.

**SECTION FOR CLERICAL APPLICANTS ONLY**  
 What specific experience have you had in the following?

	Length of Time	Type	Type	Length o f Time	Type
Accounting			Calculator		
Billing			Adding Machine		
Medical Records			Shorthand		Speed wpm
CRT			Typing		Speed wpm
Computer			Dictating Equip.		
Word Processor			Other		

**PROFESSIONAL CLINICAL STAFF SECTION ONLY**

1. What experience do you have with Outpatient Nursing in Ambulatory Surgery Centers?
2. How do you rate yourself on the following skills? Please comment Rate from 1-10 with 10 being the highest.

PRE AND POST-OP CARE

- a. Judgment & Assessment \_\_\_\_\_
- b. IV Insertion \_\_\_\_\_
- c. Pediatrics \_\_\_\_\_
- d. Medications \_\_\_\_\_

OPERATING ROOM

- a. Circulating Nurse \_\_\_\_\_
- b. Scrub Nurse \_\_\_\_\_
- c. Procedure & instrumentation specialty skills
  - 1. Urology \_\_\_\_\_
  - 2. Laparoscopic GYN \_\_\_\_\_
  - 3. Laparoscopic General Surgery \_\_\_\_\_
  - 4. Arthroscopy \_\_\_\_\_
  - 5. Orthopedics \_\_\_\_\_
  - 6. ENT \_\_\_\_\_
  - 7. Podiatry \_\_\_\_\_
  - 8. Ophthalmology \_\_\_\_\_
  - 9. GI Endoscopy \_\_\_\_\_
- d. Pediatrics \_\_\_\_\_

**PROFESSIONAL CLINICAL STAFF SECTION ONLY (Con't)**

RECOVERY ROOM

- a. Airway management \_\_\_\_\_
- b. Medications \_\_\_\_\_
- c. Arrhythmia \_\_\_\_\_
- d. Pain Blocks \_\_\_\_\_
- e. Pediatrics \_\_\_\_\_

**3. Other Nursing Experience?**

- a. Nurse Educator \_\_\_\_\_
- b. PI/Risk Management \_\_\_\_\_
- c. Infection Control \_\_\_\_\_
- d. OR Specialty Coordinator \_\_\_\_\_
- e. Other \_\_\_\_\_

**SUMMARY OF QUALIFICATIONS**

This space is provided for you to briefly summarize any additional qualifications you feel important in considering your application for employment.

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## APPLICANT'S STATEMENT

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal. I authorize an inquiry to be made on the information contained in this application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I agree that Rocky Mountain Surgical Center may obtain an investigative consumer report on me. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

If an employment relationship is established, I agree to conform to the rules and regulations of Rocky Mountain Surgical Center, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I also understand that any period of employment is not for a specific duration and understand that with the exception of the Administrator of the Rocky Mountain Surgical Center, no Company representative has the authority to make any oral or written agreements which are contrary to the foregoing.

I certify that I have read, understand and agree to the above.

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Applicant's Signature

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Date

### INTERVIEW AND DISPOSITION

For interviewer only, do not write in this space

**ROCKY MOUNTAIN SURGICAL CENTER  
EMPLOYMENT REFERENCE CHECKS**

Applicant Name:	Position applied for:
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**Employment References Checked**

<b>Employer:</b>	Phone Number:
Address:	Spoke to:
Dates of Employment:	Pay:
Date Contacted:	Method of Contact:
Would you rehire?	Reason for termination:
Work performance:	
Notes:	

<b>Employer:</b>	Phone Number:
Address:	Spoke to:
Dates of Employment:	Pay:
Date Contacted:	Method of Contact:
Would you rehire?	Reason for termination:
Work performance:	
Notes:	

<b>Employer:</b>	Phone Number:
Address:	Spoke to:
Dates of Employment:	Pay:
Date Contacted:	Method of Contact:
Would you rehire?	Reason for termination:
Work performance:	
Notes:	

**Educational References Checked**

<b>Educational Reference:</b>	Phone Number:
Address:	Spoke to:
Date Contacted:	Method of Contact:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No      Year:	Degree:
Notes:	

<b>Educational Reference:</b>	Phone Number:
Address:	Spoke to:
Date Contacted:	Method of Contact:
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No      Year:	Degree:
Notes:	