

ROCKY MOUNTAIN SURGICAL CENTER EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION:		APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS			
Name (last name, first)		(Social Security Number)			
Current Address:		City	State	Zip	
Permanent Address:		City	State	Zip	
Phone Number:	Email Address:	Referred by:			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:					
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What days or hours are you not available for work?			Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYMENT DESIRED:					
Position:		Date you can start:	Salary Desired:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?					
EDUCATION:					
Name and Location of School		Years Attended	Did you Graduate?	Subjects Studied or Degree attained	
High School					
College					
Trade School, etc.					
FORMER EMPLOYERS: (list below last 3 employers, starting with last one first)					
	Date, Month and Year	Name, Address, Phone Number of Employer	Salary	Position	Reason for Leaving
1.	From:				
	To:				
2.	From:				
	To:				
3.	From:				
	To:				
REFERENCES:					
	Name	How do you know?	How long have you known?	Phone Number	
1.					
2.					
3.					

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Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the education institutions, references and employers listed above to give you any and all information concerning my education, previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand and agree that any offer for employment will not be for any specified period of time, unless it is in writing and signed by an authorized company representative.

Signature _____ Date _____