

APPLICATION FOR EMPLOYMENT

Position Desired _____ Part time ___ Full time ___ Date _____

Applicant's name

	(Print)	Last		First	Middle
Present Address _____				How long have you lived there? _____	
Street Address	City	State	Zip	Yrs / Months	

Telephone _____
Area Code Number

				First	Middle
Previous Address _____				How long did you live there? _____	
Street Address	City	State	Zip	Yrs / Months	

Please list 2 Emergency contacts

Name	Relationship	Phone number
Name	Relationship	Phone number

Do you have any medical condition we should know about? _____

Have you ever worked for a Surgery Center? Yes ___ No ___

If yes please give dates and position. _____

Do you have any friends or relatives working here? Yes ___ No ___

If yes please complete. _____

Name	Relationship
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Have you ever used another name? Yes ___ No ___ is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record?

If yes please explain:

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?

Yes ___ No ___ **if yes** please give the date(s) and details.

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

_____ Yes or _____ No

if yes please give the date (s) and details.

Please use additional page(s) as needed

Note: Answering Yes” to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post trial diversion programs, and misdemeanor marijuana-related offenses that occurred over two years ago in answering these questions.

Have you ever been terminated or asked to resign from any job? Yes ___ No ___

If yes please explain circumstances:

May we contact your current employer? Yes ___ No ___

If no please explain:

Is there anything you wish to avoid in a new job?

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Add additional page if necessary.

Present or Last Employer (Name & Address)	Employed From (Mo/yr)	Pay Start \$ Per ___ Hr, Wk, Mo
	To	Final \$ Per ___ Hr, Wk, Mo
(Area Code) & Telephone	(Mo/yr)	
Exact Reason for leaving	Your Title or Position last Supervisor Name, Number of Title & Phone	
Previous Employer (Name & Address)	Employed From (MO/Yr)	Pay Start \$ Per Hr, Wk, Mo
	To	Final \$ Per Hr, Wk, Mo
	(Mo/yr)	
(Area Code) & Telephone Exact Reason for leaving	<i>Your Title or Position Name We & Phone Number of last Supervisor</i>	
Previous Employer (Name & Address)	Employed From (Mo/yr)	Pay Start \$ Per Hr, Wk, Mo.
	To	Final \$ Per Hr, Wk, Mo
	(Mo/yr)	
(Area Code) & Telephone Exact Reason for leaving	<i>Your Title or Position Name, Title & Phone Number of last supervisor</i>	

Please explain fully any gaps in your employment history: _____

Please indicate any actual experience, special training and qualifications you may have that you believe to be relevant to the position for which you are applying:

If hired, can you furnish proof that you are over 18 years of age? Yes__ No __
 Do you have adequate transportation to and from work? Yes__ No __
 Are you bound by provisions of a non-compete, proprietary, or confidentiality agreement?
 Yes __ No __ If yes, for how long?

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes __ No __

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year Number of Days Year Number of Days Year Number of Days

EDUCATION				
<i>School Name</i>	<i>Years Completed (Circle)</i>	<i>Diploma / Degree</i>	<i>Describe Course of study or Major</i>	<i>Describe specialized Training, Skills and Extracurricular Activities</i>
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/Univ.	1 2 3 4			
Graduate or Professional	1 2 3 4			
Trade or Correspondence				
Other				
PERSONAL REFERENCES				
<i>Please list persons who know you well who are not previous employers or relatives.</i>				
<i>Name</i>	<i>Occupation</i>	<i>Address (Street, City, & State). .</i>	<i>Telephone NO.</i>	<i>Number of Yrs. Known</i>

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS OPEN OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

 Name

Signature of Applicant

Date

APPLICANT'S STATEMENT AND AGREEMENT to TESTING for ALCOHOL AND/OR DRUGS

In the event of my employment, I will comply with all rules and regulations of the ("Employer"). I understand that Employer reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent on passing of a physical examination and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by Employer. Further, I understand that at any time after I am hired, Employer may require me to submit to a physical examination and an alcohol and drug test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to Employer. I also understand that I may be required to take other tests such as personality and honesty tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Employer may contact my previous employers and I authorize those employers to disclose to Employer all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Employer, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Employer with any pertinent information they may have regarding me.

I hereby state that all the information I provided on this application or any other documents, completed in connection with my employment application and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by Employer and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If hired, I agree as follows: My employment and compensation is terminable "at-will", is for no definite period, and my employment and compensation may be terminated by either the Employer or me at any time and for any reason whatsoever, with or without good cause. This is the entire agreement between the Employer and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the President of the Company. No supervisor or representative of the Employer, other than its President, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after I am hired do not alter this Agreement.

I further agree and acknowledge that the Employer and I will utilize binding arbitration to resolve all disputes that may arise out of the employment or pre-employment context. Both the Company and I agree that any claim, dispute, and/or controversy that I may have against the Employer (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that the Employer may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Employer shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Section 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil

Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Nevada Workers' Compensation Act, Employment Development Department claims, or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceedings before the Nevada Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Nevada Superior Court judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, motions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. **I understand and agree to this binding arbitration provision and I and the Company both give up our rights to trial by jury of any claim I or the Company may have against each other.**

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable.

IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THE EMPLOYER REPRESENTATIVE BEFORE SIGNING.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of Applicant: _____ **Date:** _____

(Print Name)