



Surgical Care Affiliates  
Application for Employment

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

**Instructions:** Please print. Be sure to answer all questions. If a question does not apply to you, answer with "no" or "not applicable" (N/A). **Do not substitute a resume for the information requested.**

<b>Position applied for</b>	<b>Shift preference (if applicable)</b>	<b>Status preference</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Pool
<b>Who referred you to our company?</b>	<b>Minimum salary requirement</b>	
<b>Have you worked with this company before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide location(s) and dates</b>	
<b>Date you will be available if offered employment</b>	<b>Would you accept employment in another city?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location(s) preferred</b>

**General Information**

<b>Last name</b>	<b>First</b>	<b>Middle</b>	<b>Social Security Number</b>		
<b>Present address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>How long?</b>	
<b>Previous address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>How long?</b>	
<b>Telephone number and area code</b>			<b>Email address (optional)</b>		
<b>Home ( )</b>		<b>Work ( )</b>	<b>Cell ( )</b>		
<b>Person to be notified in case of emergency</b>					
<b>Name</b>		<b>Phone ( )</b>			
<b>Check one to indicate citizenship status</b>	<input type="checkbox"/> Legal Citizen (LC)	<input type="checkbox"/> Student Visa (SV)	<b>Visa number and expiration if applicable:</b>		
	<input type="checkbox"/> Resident Alien (RA)	<input type="checkbox"/> Visitor Visa (VV)			
<b>Have you ever served in the U.S. Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Branch</b>		<b>Length of Service</b> From To		
<b>List both current and inactive professional licenses and registrations</b>					
<b>Type</b>	<b>State</b>	<b>Number</b>	<b>Date issued</b>	<b>Expiration date</b>	<b>Status</b>
<b>Have you ever received sanctions, been on probation or had limitations placed on any of your professional licenses or registrations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, please explain</b>		
<b>Have you ever been excluded or otherwise made ineligible to participate in any federal programs, including any health care program (e.g., Medicare, Medicaid, etc.) or have you ever been convicted of a criminal offense related to the provision of health care services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, please explain</b>		
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, provide details including offense, date and jurisdiction</b>			
<b>Have you ever been terminated from or asked to resign from a position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, name of employer and date</b>			

An equal opportunity employer

### Employment History

Cover all current and previous employment, including jobs held while in school or the military. Start with your present or last position and list backwards in chronological order. Please answer all questions and explain all periods of unemployment. **Do not substitute a resume for the information requested.**

	Name and address of employer	Dates employed		Position(s) held	Salary	
		From Month/Year	To Month/Year		Starting	Leaving
1.						
2.						
3.						
4.						
5.						
6.						

### Education History

Education	Name and location of institution	Highest grade/year completed	Grade average	Did you graduate?	If you graduated, what was your degree and major	Dates attended
High school and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study	X
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Graduate school				<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Other institutions attended				<input type="checkbox"/> Yes <input type="checkbox"/> No	Major	

List any other training and education


Extracurricular activities, awards, academic honors, etc.


	<i>Briefly explain your duties, responsibilities and number of people supervised in each position.</i>	<i>Why did you leave?</i>	<i>Name, title and phone number of supervisor</i>	<i>May we contact?</i>
1.				
2.				
3.				
4.				
5.				
6.				

### Activities

<i>Current or past membership in civic, professional or other organizations of which you would like us to be aware</i>
<i>Hobbies and other interests</i>

### Skill Summary

*What specific experience have you had in the following?*

	<i>Length of time</i>	<i>Type</i>	<i>Computer Skills</i>	<i>Length of time</i>	<i>Name of program</i>
<i>Accounting</i>			<i>Data entry</i>		
<i>Billing</i>			<i>Word processing</i>		
<i>Medical records</i>			<i>Spread sheets</i>		
<i>Calculator</i>			<i>Data base applications</i>		
<i>Typing</i>		<i>Speed wpm</i>	<i>Other</i>		
<i>Dictating equipment</i>			<i>Other</i>		

## ***Applicant's Statement***

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize Surgical Care Affiliates or its agents to conduct an investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims or law suits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of Surgical Care Affiliates and to support the company's commitment to operate in compliance with all applicable laws. I understand that all employees are subject to the rules and testing components of the Surgical Care Affiliates Drug and Alcohol Policy and that employment with Surgical Care Affiliates is contingent upon compliance with this policy.

I understand that 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 Chief Executive Officer of Surgical Care Affiliates, 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 with the above.

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*Applicant's Signature*

*Date*