



**DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING
PROCUREMENT OF AN INVESTIGATIVE CONSUMER REPORT**

In connection with your application for employment, please be advised that we may conduct a reference check. This reference check, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others.

Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

Applicants Name _____
Please Print

Applicants Address _____

City, State, Zip Code _____

Signature _____

E-mail _____

Instructions

Each question should be fully and accurately answered. **No actions can be taken on this application until all questions have been answered.** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination due to sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Use blank paper if you do not have enough room on this application. **Please print**, except for signature on back of application.

****Information on this application will be verified****

Position applied for	Today's Date
Type of employment sought: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Shifts	Date available
Which category would you prefer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Per Diem	

Personal Data

Last Name	First	Middle	Preferred Name	Telephone
Complete Street Address				Business Phone
City		State		Zip Code
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a citizen of the United States or do you have a valid work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>**Proof of citizenship or immigration status will be required upon employment**</i>				
Date of Birth	SSN	Driver License #	State of License	Name as it Appears on License
Emergency Contact Name	Address	Phone	Relationship	

Do you have relatives working here? Yes No
****Relatives are: spouses, domestic partner, child, grandchild, parent, grandparent, sibling, mother or father-in-law, son or daughter-in-law, parent or child or sibling of domestic partner, stepparent, stepchild, or comparable legal step relationships, uncle, aunt, niece, or nephew.****
 If so, Name(s), Relationship(s), and work area:

Previous Addresses For The Past Seven Years				
Street	City	State/Zip	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

General

Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date(s)	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date(s)	
Have you been convicted or served time for a felony in the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in the spaces below.		
Incident	City/State	Charge
1. _____	_____	_____
2. _____	_____	_____
Any comments: _____		
**NOTE: A conviction record will not necessarily be a bar to employment. **		

Education and Training

Name, Address (City/State) and Phone No. of last high school Attended:	Dates Attended		GED Cert #		
_____	To	From	_____		
Highest grade completed: _____	Did you graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issued by/Phone		
_____	_____	_____	_____		
Name, Address(City/State) and Phone No. of College or University	Dates Attended		Major	Type of Degree	Date of Degree
	To	From			
Other schools or training (trade, vocational, armed forces, or business). Give name and location, date attended, subjects studied, certifications and other pertinent data.					
Was education or training received under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please provide: _____					

Skills

If you are an experience operator of any business machines/equipment please list:	Special qualifications (licenses, honors, awards), please include dates received:
Do you keyboard? <input type="checkbox"/> Yes <input type="checkbox"/> No Word Per Minute _____	
Special language skills: state whether reading, speaking, or writing:	

Please attach your resume:

Work History

INSTRUCTIONS: The Work History must be accurate and complete or your application will be subject to rejection. List your entire work history in order starting with your present or last job. Account for all periods of time including military service and any periods of unemployment. List each promotion as a separate job. Be thorough and specific in explaining your duties. Contact may be made with the employers listed below to discuss details of your employment(s) unless you specifically state that no such contact should be made. The correct telephone numbers of past employers are crucial.

Present or last employer				Employment Dates (Month/Year)	
				From	To
Complete address, include City and State				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Your title	Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor___Technical ___ Professional ___	Salary	
Duties _____ _____					
Reason For Leaving		Name of Supervisor		Telephone May we contact? ___ Yes ___ No	
Previous Employer				Employment Dates (Month/Year)	
				From	To
Complete address, include City and State				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Your title	Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor___Technical ___ Professional ___	Salary	
Duties _____ _____					
Reason For Leaving		Name of Supervisor		Telephone May we contact? ___ Yes ___ No	
Previous Employer				Employment Dates (Month/Year)	
				From	To
Complete address, include City and State				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Your title	Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor___Technical ___ Professional ___	Salary	
Duties _____ _____					

Reason For Leaving		Name of Supervisor		Telephone		May we contact? ___ Yes ___ No	
Previous Employer						Employment Dates (Month/Year)	
						From	To
Complete address, include City and State						___ Full Time ___ Part Time	
Your title		Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor ___ Technical ___ Professional ___		Salary	
Duties _____ _____							
Reason For Leaving		Name of Supervisor		Telephone		May we contact? ___ Yes ___ No	
Previous Employer						Employment Dates (Month/Year)	
						From	To
Complete address, include City and State						___ Full Time ___ Part Time	
Your title		Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor ___ Technical ___ Professional ___		Salary	
Duties _____ _____							
Reason For Leaving		Name of Supervisor		Telephone		May we contact? ___ Yes ___ No	
Previous Employer						Employment Dates (Month/Year)	
						From	To
Complete address, include City and State						___ Full Time ___ Part Time	
Your title		Supervisory Yes ___ No ___	Number Supervised	Type supervised Labor ___ Technical ___ Professional ___		Salary	
Duties _____ _____							
Reason For Leaving		Name of Supervisor		Telephone		May we contact? ___ Yes ___ No	

Give information not covered elsewhere, which relates to your qualifications or eligibility for this position. Job related volunteer experience. Organization name, supervisor name and phone number, and hours worked per year.

****Note: If additional space is needed, attach sheets.****

References

Give names and addresses of at least two supervisors or managers who are well acquainted with you and have knowledge of your qualifications for the position for which you are applying. **(Do not list relatives or repeat the names of supervisors listed under "Work History".)** The remainder of this section can include co-workers or others familiar with your work ability, not to include relatives.

Full Name	Complete Address (Include City and State)	Telephone Number	Occupation	Relationship

Is there any additional information relative to change of name, use assumed name, nickname, or maiden name necessary to enable us to check your work and/or academic record? Yes No

If Yes, explain _____

Have you used any names or social security numbers other than those already provided in this application?
 Yes No

If Yes, explain _____

Were you ever discharged or asked to resign from any position? Yes No

If yes, explain _____

Recruitment Information

How did you first learn of this position?

- Direct contact Job Hotline Peak One Surgery Center, LLC
 Advertisement School Other _____

Certification and Information Release

I hereby certify that all questions are fully and correctly answered, and I authorize Peak One Surgery Center, LLC to contact my former employers, references furnished, and all other sources Peak One Surgery Center, LLC sees fit, and to conduct a credit check if required by the nature of the work to be performed, in order to verify the facts and information furnished with regard to my qualifications for the position sought. I hereby release any such employer or person from any and all liability of whatsoever nature on account of furnishing such information. I understand that if I make any misleading or incorrect statements on this application it may be rejected and, if I am employed, such statements would be cause for termination. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

- I. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may request information from public and private sources about my workers' compensation injuries, driving record, criminal record, registry license, education, references, credit and previous employment. In connection with this investigation, I authorize all law enforcement agencies, schools, employers, credit bureaus, government or any other agency deemed necessary to release any information Peak One Surgery Center, LLC may require in connection with this investigation.*
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and be given the name of the agency or the source of information.*
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.*
- IV. I agree to hold harmless Peak One Surgery Center, LLC and their respective agents from any and all liability or responsibility arising through the investigation of my background.*

Name _____

Date _____

Human Resources Use Only			
__ Employee ID No	__ ID Card	__ Physical	__ Emergency Information
__ Police/MVR	__ W-4	__ I-9	__ References
Salaried \$	Hourly \$	Hours per Week	Starting Date
__ Introductory	__ Temporary	__ Project	
__ Part-Time	__ Per Diem		
Division/Section	Position		
Supervisors Name			
Comments:			

Interviewed by: _____		Oriented by: _____	