



GENERAL APPLICATION FOR EMPLOYMENT SWEETWATER SURGERY CENTER, LLC

THIS GENERAL EMPLOYMENT APPLICATION CAN BE USED BY APPLICANTS FOR ANY POSTED POSITION. MAIL YOUR COMPLETED APPLICATION TO THE ATTENTION OF THE CLINICAL DIRECTOR'S OFFICE. PLEASE SEE LAST PAGE FOR ADDITIONAL INFORMATION REQUIRED.

Sweetwater Surgery Center, LLC

2761 COMMERCIAL WAY
ROCK SPRINGS, WY 82901

PHONE: 307-382-6873

FAX: 307-382-6869

EMAIL: JROBIDOUX@SWEETWATERSURGERYCENTER.COM

AN EQUAL OPPORTUNITY EMPLOYER

Number of attachments _____

Application for Employment



Employees of the Sweetwater Surgery Center and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ 2. _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home Phone () _____
Last First Middle

5. Address _____ 7. Business Phone () _____

_____ 8. E-mail Address _____
City State Zip

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____

Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____

Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
Employer _____
Address _____
_____ Phone _____
Type of business _____
Immediate supervisor _____
Title _____ Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____ Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Granted by (licensing board)

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Check which employment status you will accept: Salaried Hourly Part-time salaried
- d. Are you willing to accept employment which requires you to travel? No Yes. If yes, During the day only,
 Occasionally overnight, Frequently overnight.
- e. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
Description of offense:
Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
County, City, State of Conviction: _____
(For additional convictions use plain paper. Include all information listed above.)
*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work?
_____ Month _____ Day _____ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Sweetwater Surgery Center. I understand that all information on this application is subject to verification and I consent to criminal and military history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I consent and authorize each reference and previous employer(s) to freely disclose any and all information concerning my employment/affiliation without threat of litigation. I further authorize the Sweetwater Surgery Center to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: ___/___/___

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- Newspaper*
- State Job Service
- Radio/TV*
- Other (please specify)

*specify name of newspaper or other media

Sweetwater Surgery Center, LLC reserves the right to verify the information contained in this application prior to the scheduling of a personal interview or an offer of employment.

Please provide photocopies of the following information and include them with your application.

- Current Driver's License
- Social Security Card
- Professional License (if applicable)