



Business phone: (510) 452-4626
 Toll-free: (800) 704-8391
 Fax: (510) 452-4642
 Locations on the East and West Coasts

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 or disability.

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.*

Last Name: _____ First: _____ Middle: _____

Social Security Number: _____ Position applied for: _____

Shift preference (if applicable): _____ Status Preference: () Full time () Part time () Pool

Who referred you to our company? _____

Minimum salary requirement: _____ Have you worked with this company before? () Yes () No

If yes, provide location(s) and dates: _____

Date you will be available if offered employment: _____ Would you accept employment in another city? () Yes () No
 Location(s) preferred: _____

GENERAL INFORMATION

PRESENT address: _____ City _____ State ____ Zip _____ How long? _____

PREVIOUS address: _____ City _____ State ____ Zip _____ How long? _____

Telephone number & area code: Home () _____ Cell () _____ Work () _____

Person to be notified in case of emergency: Name _____ Phone () _____

Check one to indicate citizenship status:

() Legal Citizen (LC) () Student Visa (SV) Visa# and expiration:

() Resident Alien (RA) () Visitor Visa (VV)

If applicable: Have you ever served in the U.S. Armed Forces? () Yes () No

Branch: _____ Length of Service: From _____ To _____

LIST BOTH CURRENT AND INACTIVE PROFESSIONAL LICENSES AND REGISTRATIONS:

Type	State	Date Issued	Expiration Date	Status

Have you ever received sanctions, revocation, or had limitations placed on any of your professional licenses or registrations? () Yes () No If yes, provide details including offense, date and jurisdiction:

Have you ever been arrested: () Yes () No If yes, explain:

Have you ever been convicted of a felony or misdemeanor? () Yes () No

If yes, explain:

Have you ever been terminated from or asked to resign from a position? () Yes () No

If yes, name of employer and date

ACTIVITIES

Current or past membership in civic, professional or other organizations of which you would like us to be aware:

Hobbies and other interests:

What specific experience have you had in the following?

AREAS	LENGTH OF TIME	TYPE	COMPUTER SKILLS	LENGTH OF TIME	TYPE
Accounting			Data entry		
Billing			Word processing		
Medical records			Spread sheets		
Calculator			Database applications		
Typing		WPM	Other		
Dictating equipment			Other		

EDUCATION HISTORY

	Name and Location	Highest Grade/Yr Completed	Grade Average	Graduate	Degree/Major	Dates Attended
High school and/or G.E.D.		9 10 11 12		() Yes () No	Major Study	
College		1 2 3 4		() Yes () No	Degree Major	
College		1 2 3 4		() Yes () No	Degree Major	
Graduate School				() Yes () No	Degree Major	
Adtl Institutions Attended				() Yes () No	Degree Major	

List any other training and education:

Extracurricular activities, awards, academic honors, etc.

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 EXCHANGE Inc. and/or its agents to conduct an investigation of my background, including employment history, drug screening, criminal, OIG, and Social Security verification for the purpose of confirming the information contained in my application and/or obtaining other information that 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 lawsuits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of SURGICAL EXCHANGE Inc. 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 EXCHANGE Inc. DRUG and ALCOHOL Policy and that employment with SURGICAL EXCHANGE Inc. 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 representative or whomever has the authority to make any oral or written agreements which are contrary to the foregoing.

CONSENT TO RELEASE INFORMATION

I, _____ grant permission to Surgical Exchange to disclose and/or release any medical and/or employment information to any and all medical facilities that contract with Surgical Exchange for employment purposes.

I hereby attest that I have read and understand the above statement.

Signature

Date
