

CERTIFICATION AND LICENSING (Subjects or areas related to the position(s) for which you are certified and / or licensed in Oregon)

Certificates and / or Licenses held

Date Issued

Expiration Date
(if applicable)

Are you presently under contract? Yes No If yes, where? _____

PRIOR WORK HISTORY

(Please provide a complete history of your employment, including periods of unemployment, if any. Begin with your most recent employment and work backwards.)
(If you need additional space, attach supplemental sheets.)

| DATES | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------|------------|------------------------------|-------------|--------|-----------------------------|--------------------|
| From Mo / Yr | To Mo / Yr | | Start | Finish | | |
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| Phone | | | | | | |
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Describe in detail the position held and work performed.

| DATES | | NAME AND ADDRESS OF EMPLOYER | RATE OF PAY | | SUPERVISOR'S NAME AND TITLE | REASON FOR LEAVING |
|--------------|------------|------------------------------|-------------|--------|-----------------------------|--------------------|
| From Mo / Yr | To Mo / Yr | | Start | Finish | | |
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| From Mo / Yr | To Mo / Yr | | Start | Finish | | |
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| Phone | | | | | | |
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Describe in detail the position held and work performed.

May we contact the employers listed above? Yes No If not, please indicate which ones you do not wish us to contact and why you do not want us to contact them.

REFERENCES (Professional) (If you wish, list other people who could be contacted as references)

| Name | Address | Phone # | Position |
|----------|---------|---------|----------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |
| 4. _____ | | | |

SERVICE IN THE UNITED STATES ARMED FORCES OR STATE NATIONAL GUARD

Branch of Service _____ From _____ To _____ Rank _____

OTHER

Have you ever been dismissed, asked to resign or refused employment?

Yes No If yes, please explain _____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

(An affirmative answer will not automatically disqualify you, we will consider all of the relevant circumstances.)

Yes No If yes, please explain. _____

Are you currently, or have you been, debarred or otherwise ineligible to participate in federal or state health care programs?

Yes No

Are you able to perform all of the essential functions of the position(s) for which you have applied?

Yes No If no, please explain. _____

Occasionally the application form makes it difficult for an individual to adequately summarize his / her complete background. To assist the Bend Surgery Center to consider you for the proper position in our organization, use the space below to summarize any additional relevant information necessary to describe your full qualifications and experience for the position(s).

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the information I have provided and will provide to Bend Surgery Center (BSC) orally and in writing (including, but not limited to information provided in this application and in my resume, if any) is true and complete, and I understand that any falsification or omission of information could disqualify my application or lead to termination of employment, depending on when it is discovered.

I authorize BSC to conduct an investigation of my background, and to contact prior and current employers, references, educational institutions and other sources of information to obtain information about my background and qualifications for employment at BSC. I also understand and agree that BSC may obtain "criminal offender information" about me to the extent permitted by applicable law. I authorize all such sources to provide this information to BSC, and release BSC and these sources from all claims relating to the information and decisions made based on it.

I further authorize Bend Surgery Center to cause the preparation of an investigative "consumer report" about me which may contain information about my background, including without limitation information as to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.

I agree that if I am hired, I will be employed on an at-will basis, which means that either BSC or I may terminate the relationship at any time with or without cause or notice. I understand that this at-will policy may only be changed by a written contract signed by me and the Administrator of BSC.

APPLICANT'S SIGNATURE

DATE

Thank you for completing this application and for your interest in employment with BSC. We would like to assure you that BSC is committed to providing equal opportunity in any of its programs and services, activities, or employment practices, without regard to race, color, religion, national origin, age, sex, disability, marital status, or any other characteristics protected by applicable law. Direct inquires to: Director of Personnel, Bend Surgery Center, 1303 NE Cushing, Suite 200, Bend, OR 97701-3730; (541) 318-0858.

FOR PERSONNEL OFFICE USE ONLY

Position Applied For

Interviewed By

Date

