

# APPLICATION FOR EMPLOYMENT

Queensridge Surgery Center

10040 Alta Drive Suite 250 • Las Vegas, NV 89145 • 702-589-9250

**Notice to Applicants:** This Employer is an Equal Opportunity Employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, national origin, handicap or marital status. We assure you that your opportunity for employment with the Employer depends solely on your qualifications.

**Applicant's Statement:** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others and hereby release the Employer, schools, previous employers and references from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application may be cause for dismissal at any time without previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we cannot guarantee the performance of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. We cannot guarantee the continuation of any worker's job for any period of time.

I understand that my employment with Employer is for no specific term and may be terminated by the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the employee handbook or any other personnel manual, policy or practice) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its President, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

I understand that I may be required to submit to any or all alcohol/drug testing before hire and during the course of my employment.

This application will remain active for ninety (90) days and maintained on file for one year. Any applicant wishing to be considered for employment past ninety (90) days should reapply.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Valid for 90 days

Date \_\_\_\_\_ Home Phone# \_\_\_\_\_ Mobile Phone# \_\_\_\_\_ Email Address \_\_\_\_\_

Last Name (Please Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address: Street \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

**How were you referred to Queensridge Surgery Center?**

Employee (Name) \_\_\_\_\_ Other (Source) \_\_\_\_\_

Position Desired: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Days/Hours Available to Work:  Days  Nights  Weekends  Full Time  Part Time

Do you understand employment may require working overtime as dictated by business needs?  Yes  No

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, give dates and explain (attach separate paper)  
*A conviction will not necessarily disqualify you from employment.*

Are you at least 18 years of age?  Yes  No

EDUCATIONAL DATA	Type of School	Name & Location (Complete Mailing Address)	No. of Years Complete	Major Course of Study	Degree
	High School				
	College				
	Graduate School				
	Technical/Business School				
	Other				

**Employment Experience (MUST BE COMPLETED)** Your Resume does not take the place of this section. List jobs, including present position with most recent first. Please complete all sections.

1.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

3.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4.	Company	Supervisor/Title	Phone Number (s)
	Street Address	City/State/Zip	Starting Salary    Ending
	Title of Position and Duties Performed		From Month/Year
			To Month/Year
	Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach additional sheets, if necessary.

**SKILLS**

Typing Speed: \_\_\_\_\_ 10 key: \_\_\_\_\_ Computer Software (list) : \_\_\_\_\_

Work experience, special skills or training:

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Professional Licensing or Certification: \_\_\_\_\_

Other Skills: \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**DRIVING RECORD**

**This section is only to be completed by those applying for positions driving Company vehicles or regularly using vehicles on Company business (must have valid license).**

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List any traffic violations that you have received in the past 36 months (other than parking violations).

Date of Violation	Offense	Location
_____	_____	_____
_____	_____	_____

**REFERENCES**

Please list three references other than relatives or previous employers.

Name	Position	Work Phone	Mobile Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____