## [MONTEREY PENINSULA SURGERY CENTERS]

Interview Scheduled:	Date Available To Start:			
DATE TIME	Employment Desired:  □ Full Time  □ Part Time  □ Per-Diem			
Vour Per	sonal Information			
Name:	Nickname:			
Current Mailing Address:	CITY STATE ZIP			
Phone: ( ) Cell: (	) Email:			
Are you legally eligible to work in the U.S.?				
Referral Source: How did you become aware on en	nnlovment opportunities at MPSC?			
-	osting 🗌 Other Source:			
In Case of Emergency Contact:				
Phone: ( ) Address:				
Are you able to work variable shifts?  YES NO				
EMPLO	YMENT DESIRED			
Position Applying For:	Salary Desired:			
	DUCATION			
EI HIGH SCHOOL:				
City:				
Graduated:	Degree Earned:			
TRADE OR BUSINESS SCHOOL:				
City:	State:			
Graduation/Course Completion Date:	Degree Earned:			
COLLEGE/UNIVERSITY:				
Graduation:	Degree Earned:			
LEGAL QUESTION				
	dicate dates, conviction, final disposition and attach a			
separate sheet with full particulars.				
Have you ever been convicted of a felony which has not been annulled or expunged or sealed by a court?				
(Conviction does not necessarily bar applicant from employment with MPSC). 1. In answering this question FOR CALIFORNIA APPLICANTS ONLY, DO NOT disclose misdemeanor marijuana-				
	ars old; convictions that have been expunged, sealed, or			
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-		ions for which probation has been successfully complete smissed; or any referrals to a pre-trial or post trial diversi
program.		Disposition:
	conviction	
	EMPLO	OYMENT HISTORY
	eparate sheet if more space	s, starting with the most recent, Including any military e is needed. Please explain any gaps in work history on a
Company:		Job Title:
Address:		Name (if different):
Immediate Supervisor:		Dates Employed: From to
Major Job Responsibilit	ties:	
Reason For Leaving:		
	eference? 🗆 YES 🗆 NO	
May We Contact For R	eference? 🗆 YES 🗆 NO	
May We Contact For R	eference? 🗆 YES 🗆 NO	LATER
May We Contact For R Company:	eference? 🗆 YES 🗆 NO	LATER     Job Title:
May We Contact For R Company: Address: Immediate Supervisor:	eference?	LATER     Job Title:     Name (if different):
May We Contact For R Company: Address: Immediate Supervisor: Major Job Responsibilit	eference?	LATER      Job Title:      Name (if different):      Dates Employed: From to
May We Contact For R Company: Address: Immediate Supervisor: Major Job Responsibilit Reason For Leaving:	eference?	LATER  Job Title: Name (if different): Dates Employed: From to
May We Contact For R Company: Address: Immediate Supervisor: Major Job Responsibilit Reason For Leaving: May We Contact For R	eference?  YES NO	LATER Job Title:
May We Contact For R Company: Address: Immediate Supervisor: Major Job Responsibilit Reason For Leaving: May We Contact For R Company:	eference? YES NO	LATER Job Title:
May We Contact For R Company: Address: Immediate Supervisor: Major Job Responsibilit Reason For Leaving: May We Contact For R Company: Address:	eference? YES NO	LATER      Job Title:

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Reason For Leaving:						
May	May We Contact For Reference?   YES NO LATER					
widy	PROFESSIONAL REFERENCES					
	ree <b>professional</b> references, not including relatives. References must be from individuals who are y familiar with your work, either via direct clinical observation or through close working relations.					
Name	Relationship:					
Phon	: ( ) Address: Street City State Zip					
Name	Relationship:					
Phon	: ( ) Address:					
	Street City State Zip					
Name: Relationship:						
Phon	: ( ) Address: Street City State Zip					
	Street City State Zip					
	APPLICANT ACKNOWLEDGEMENT					
2. E a b 3. N 3. N c M t M	<b>isrepresentation of Information:</b> I certify that all information given on this application, my resume, and any related papers, and answers given during oral interviews are true and correct to the best of my towledge. I acknowledge and agree that any falsification, misrepresentation or omission of facts pplied by me will result in making this application null and void; and if I become employed, will result in rmination of my employment regardless of when discovered. <b>ackground Investigation:</b> I understand that as part of normal procedure for processing employment oplications and employment requests, an inquiry will be made concerning information on my work story, education, criminal history, character, and eligibility to work in the United States. I authorized onterey Peninsula Surgery Center (MPSC) to make these inquiries, to investigate all statements in this upplication and to secure any necessary information from all my employers, references, government at if the results of the inquiry are not satisfactory in the judgment of MPSC, any off of employment may e withdrawn, or if employed, may result in immediate dismissal. <b>b Obligation to Hire/Employment at Will:</b> I understand that completion of this application does not dicate whether there are any positions currently open, nor does it obligate MPSC to hire me. I also inderstand and agree that nothing in this employment application, in MPSC policy statements, personnel udelines or employee handbook is intended to create an offer of employment and employment myten thetween MPSC and myself. I understand and agree that employment and employment and compensation with PSC will be on an at-will basis meaning that my employment will be for no definite duration and can be rminated with or without cause, and with or without prior notice, at any time, at the option of either PSC or myself.					
a	<b>Interplance with Work Rules and Policies:</b> I agree that if I am employed I will abide by all the work rules and policies of MPSC, and acknowledge that these rules and policies may be changed, interpreted, ithdrawn or added to by MPSC at any time, at MPSCs' sole option, and with or without prior notice to					

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## me.

- 5. Intellectual Property and Confidentiality Agreement: In consideration for my employment at MPSC, I agree to comply with the confidentiality agreement.
- 6. **Eligibility to Work in the United States:** If offered employment, MPSC will be required to verify my identity and my eligibility to work in the United States, in accordance with the Immigration Reform and Control Act. I understand that documents to verify my identity and eligibility for employment are to be submitted by me in accordance with the regulations of the US Immigration and Naturalization Service.
- 7. **Equal Opportunity Employer:** I understand that MPSC does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant consideration for employment on a basis prohibited by local state or federal law.

I hereby acknowledge that I have read, understand and agree to the preceding statements, and to the best of my knowledge and belief, the information on the application form is true and correct.

Signature of Applicant:	Date: