

Interview Scheduled: _____ <small style="display: inline-block; width: 150px; text-align: center;">DATE</small> <small style="display: inline-block; width: 150px; text-align: center;">TIME</small>	Date Available To Start: _____ Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per-Diem
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**Your Personal Information**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
STREET
CITY
STATE
ZIP

Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally eligible to work in the U.S.?  YES  NO

Referral Source: How did you become aware on employment opportunities at MPSC?  
 Advertisement  Walk-In  Job Posting  Other Source: \_\_\_\_\_  
 Employee Referral (Employees name): \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_  
Street
City
State
ZIP

Are you available for overnight work?  YES  NO Are you able to work variable shifts?  YES  NO

**Professional Credentials**

Specialty (List most current experience first)  
 1. \_\_\_\_\_ Years of Experience: \_\_\_\_\_ As of (date): \_\_\_\_\_  
 2. \_\_\_\_\_ Years of Experience: \_\_\_\_\_ As of (date): \_\_\_\_\_  
 3. \_\_\_\_\_ Years of Experience: \_\_\_\_\_ As of (date): \_\_\_\_\_

**PLEASE INDICATE WHICH OF THE FOLLOWING CREDENTIALS YOU CURRENTLY HOLD**

(Please attach appropriate copies)

ACLS  BCLS/CPR  NRP  CNOR  CCRN  
 CRITICAL CARE COURSE  CERTIFIED FIRST ASSIST  OTHER: \_\_\_\_\_

Related Course: \_\_\_\_\_

**EDUCATION**

**VOCATIONAL/NURSING SCHOOL:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Passed Boards/Certification \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Passed Boards: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Date Passed Boards: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List your employers for the previous 10 (ten) years, starting with the most recent, including any military experience. Attach a separate sheet if more space is needed. Please explain any gaps in work history on a separate sheet.

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Company: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Name (if different): \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Major Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May We Contact For Reference?  YES  NO  LATER

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Address: \_\_\_\_\_ Name (if different): \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Major Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
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Address: \_\_\_\_\_ Name (if different): \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Major Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May We Contact For Reference?  YES  NO  LATER

**PROFESSIONAL REFERENCES**

List three **professional** references, not including relatives. References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Address: \_\_\_\_\_  
Street City State Zip

**LEGAL QUESTION**

If yes is answered to any question below, please indicate dates, conviction, final disposition and attach a separate sheet with full particulars.

- At any time before or after becoming a healthcare professional, 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).  YES  NO  
 In answering this question FOR CALIFORNIA APPLICANTS ONLY, DO NOT disclose misdemeanor marijuana-related convictions that are more than two years old; convictions that have been expunged, sealed, or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or discharged and the case has been judicially dismissed; or any referrals to a pre-trial or post trial diversion program.  
 Date: \_\_\_\_\_ Conviction: \_\_\_\_\_ Disposition: \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT**

- Misrepresentation of Information:** 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 knowledge. I acknowledge and agree that any falsification, misrepresentation or omission of facts supplied by me will result in making this application null and void; and if I become employed, will result in termination of my employment regardless of when discovered.
- Background Investigation:** I understand that as part of normal procedure for processing employment applications and employment requests, an inquiry will be made concerning information on my work history, education, criminal history, character, and eligibility to work in the United States. I authorized Monterey Peninsula Surgery Center (MPSC) to make these inquiries, to investigate all statements in this application and to secure any necessary information from all my employers, references, government entities and academic institutions. I hereby release all parties from any and all liability, and I understand that if the results of the inquiry are not satisfactory in the judgment of MPSC, any offer of employment may be withdrawn, or if employed, may result in immediate dismissal.
- No Obligation to Hire/Employment at Will:** I understand that completion of this application does not indicate whether there are any positions currently open, nor does it obligate MPSC to hire me. I also

understand and agree that nothing in this employment application, in MPSC policy statements, personnel guidelines or employee handbook is intended to create an offer of employment or an employment contract between MPSC and myself. I understand and agree that employment and compensation with MPSC will be on an at-will basis meaning that my employment will be for no definite duration and can be terminated with or without cause, and with or without prior notice, at any time, at the option of either MPSC or myself.

4. **Compliance with Work Rules and Policies:** 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, withdrawn or added to by MPSC at any time, at MPSCs' sole option, and with or without prior notice to 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: \_\_\_\_\_