



Ambulatory Surgery Center of
Stockton

2388 N. California Street
Stockton, California 95204
209.944.9100 209.944.9307
<http://www.ascstockton.com>

DATE: _____

Middle

First

Last

NAME: _____

**APPLICATION
for
EMPLOYMENT**

Applications are maintained for up to one year. If you wish to be considered after one year, you must reapply. All applications are subject to the review of various governmental agencies having regulatory authority over this company.

If you need more space for your answers, please attach a separate sheet. Feel free to add any additional information which will help us in placing you where you are best qualified.

An Equal Opportunity Employer

PERSONAL				
NAME (FIRST, MIDDLE, LAST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS (STREET, CITY, STATE)			ZIP CODE	PHONE (INCL. AREA CODE)
PERMANENT ADDRESS (STREET, CITY, STATE)			ZIP CODE	PHONE (INCL. AREA CODE)
HOW WERE YOU REFERRED TO THE SURGERY CENTER? IF REFERRED BY AN EMPLOYEE, GIVE NAME AND RELATIONS				
LIST FRIENDS/RELATIVES WHO WORK OR PREVIOUSLY WORKED FOR THE SURGERY CENTER.				
HAVE YOU EVER BEEN EMPLOYED BY THE CENTER? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, GIVE DATE(S) OF EMPLOYMENT.	
GOALS				
TYPE OF EMPLOYMENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CO-OP <input type="checkbox"/> INTERNSHIP			
POSITION DESIRED	1 st CHOICE		2 nd CHOICE	
	NAME AND ADDRESS	LIST DIPLOMA/DEGREE AND MAJOR SUBJECT	DID YOU GRADUATE?	CUM. AVERAGE
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
TECHNICAL, BUSINESS or OTHER				
NOW ATTENDING	<input type="checkbox"/> UNDERGRADUATE SCHOOL	% COMPLETED	SCHOLARSHIPS, HONORS, ASSISTANTSHIPS, ETC	
	<input type="checkbox"/> GRADUATE SCHOOL			
LIST PUBLICATIONS, THESES, ETC.				
PROFESSIONAL CREDENTIALS	ORGANIZATIONS, LICENSES, CERTIFICATIONS, CERTIFICATES			
FOREIGN LANGUAGE PROFICIENCY (If Applicable)		SOFTWARE and HARDWARE PROFICIENCIES		
LANGUAGE	Excellent Good Fair Poor			
	Reading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Writing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	Speaking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
SIGNIFICANT ACTIVITIES	The following section is OPTIONAL , but if completed EXCLUDE political and religious publications and activities in answering the following items.			
List high school and college activities in which you were active and any offices held (e.g. athle organizations, honorary societies, etc.)				
Are there any community and/or professional organizations to which you belong? List offices held				

WORK HISTORY		<i>THIS SECTION MUST BE COMPLETED: List both paid and volunteer experience applicable, starting with the LAST place worked FIRST. Account for the 10 years or years worked if less than 10 YEARS. A resume can be substituted in place of completing the section on description of duties.</i>			
1	FROM (mo./yr.)	COMPANY OR ORGANIZATION	LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments & contributions)				SALARY - Starting
					SALARY - Last
2	FROM (mo./yr.)	COMPANY OR ORGANIZATION	LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)				SALARY - Starting
					SALARY - Last
3	FROM (mo./yr.)	COMPANY OR ORGANIZATION	LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)				SALARY - Starting
					SALARY - Last
4	FROM (mo./yr.)	COMPANY OR ORGANIZATION	LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)				SALARY - Starting
					SALARY - Last
5	FROM (mo./yr.)	COMPANY OR ORGANIZATION	LOCATION		PHONE
	TO (mo./yr.)	JOB TITLE/POSITION	SUPERVISOR		REASON FOR LEAVING
	DESCRIBE DUTIES (Indicate significant responsibilities, accomplishments and contributions)				SALARY - Starting
					SALARY - Last
MILITARY					
BRANCH OF U.S. SERVICE			MAJOR DUTIES		
MILITARY SCHOOLS ATTENDED			MILITARY JOB EXPERIENCE		
REFERENCES					
1	NAME		ADDRESS		
	OCCUPATION			PHONE	YEARS KNOWN
2	NAME		ADDRESS		
	OCCUPATION			PHONE	YEARS KNOWN
3	NAME		ADDRESS		
	OCCUPATION			PHONE	YEARS KNOWN

PHYSICAL

IN ORDER TO DETERMINE YOUR PHYSICAL ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU HAVE APPLIED, IT MAY BE NECESSARY FOR YOU TO TAKE A PHYSICAL EXAM IF A JOB OFFER IS MADE. ARE YOU WILLING TO DO THIS? YES NO

IT IS UNDERSTOOD THAT EMPLOYMENT AT THE SURGERY CENTER IS CONTINGENT UPON MY COMPLETING SATISFACTORY THE REQUIRED PHYSICAL EXAMINATION, INCLUDING A DRUG TEST.

What is your Immigration Status? U.S. Citizen or Permanent Resident (green card) Other (Specify) _____ (Proof of Status will be required upon employment)

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Have you ever been convicted of a felony? Yes No If yes, date of last conviction: _____

Please list any convictions you have had for the following crimes in the space indicated below:

- I. Any felony or misdemeanor under Federal law or felony under State law for conduct relating to the development or approval of any drug product or relating to the regulation of any drug product under the Federal Food, Drug and Cosmetic Act, or a conspiracy to commit or aiding or abetting such criminal offense;
- II. Any felony which involves bribery, payment of illegal gratuities, fraud, perjury, false statements, racketeering, blackmail, extortion, falsification of destruction of records, interference with, obstruction of an investigation into, or prosecution of any criminal offense, or conspiracy to commit, or aiding or abetting, such felony.

For each conviction, include:

- 1. The title and section of the Federal or State statute involved: _____
- 2. The conviction and sentencing dates: _____
- 3. The court entering judgement: _____
- 4. The case or docket number: _____
- 5. A brief description of the offense: _____

SECREC Y AGREEMENT

Have you signed a secrecy and invention agreement in favor of any previous employer? Yes No

If yes, please give their name(s): _____

Are you under any obligation to a previous employer through a secrecy and invention agreement, or otherwise, restricting your acceptance of employment with a competitive firm? Yes No

Should I become an employee of the Surgery, I agree, in consideration of such employment, that I will not divulge to others or use for my own benefit any confidential information obtained during the course of my employment relating to sales, research and development, formulas, processes, methods, machines, manufactures, compositions, ideas, improvements, or inventions belonging to or relating to the affairs of the Surgery Center by whom I am employed.

I certify that the answers provided by me herein, and the representations made on my resume, if any are to the best of my knowledge and belief, true and correct without reservation, and if found to be false would be considered by me as just cause for discharge. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application.

It is understood that employment at the Surgery Center is contingent upon my completing satisfactory the required physical examination, including a drug test.

I further understand and agree that any offer of employment will be on an employment-at-will basis. As such, both the Center and I will have the right to terminate this employment at any time and for any reason.

I hereby authorize this company to verify any and all information contained in this application and inquire about my ability and qualifications for employment from former employers and others, and I hereby release all concerned from any liability in connection with gathering such information.

Applicant's Signature

Date