



Bascom Surgery Center
3803 S. Bascom Ave, Ste 106
Campbell, CA 95008
Fax (650) 289-1219



Campus Surgery Center
901 Campus Drive, Ste 102
Daly City, CA 94105
Fax (650) 289-1219



Silicon Valley Surgery Center
14601 S. Bascom Ave, Ste 100
Los Gatos, CA 95032
Fax (650) 289-1219



Waverley Surgery Center
400 Forest Ave
Palo Alto, CA 94301
Fax (650) 289-1219

EMPLOYMENT APPLICATION

Campus Surgery Center LP (CSCLP), Silicon Valley Surgery Center L.P., (SVSCLP), and Waverley Surgery Center L.P. (WSCLP) are Equal Opportunity Employers. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of CSCLP, SVSCLP, and WSCLP to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

PLEASE PRINT OR TYPE. A resume may be attached but does NOT substitute for the completion of this application

EMPLOYMENT DESIRED

Position Desired: _____ Rate of Pay Desired: _____ Location: Campus Silicon Valley
Waverley Any Center

Today's Date: _____ Date Available: _____ Full Time Part-time Per Diem-Days available: _____

Have you ever been employed by Bascom, Campus, Silicon Valley and/or Waverley Surgery Centers? _____ If so, when: _____

PERSONAL HISTORY

Legal Name: First Middle Last Other name(s) you have used

Street Address City State/Zip Home Phone Business/Msg Phone

Email Address Driver's License Number / State Issued

Prior Address (if you have lived at another address in the last seven years)

Do you have the unrestricted legal right to work in the US? Yes No

Are you at least 18 years of age? Yes No (Proof of age is required for all employees on the date of hire)

Are you able to perform all the duties required and the essential functions of the position you are applying for with or without an accommodation?
 Yes No

Have you ever been convicted of a felony? Yes No (A conviction will not necessarily disqualify you. Do not include convictions that were sealed, eradicated or expunged, convictions that resulted in referral to a diversion program, or convictions under California Health & Safety Code §§ 11357(a) or (b), 11360(c), 11364, 11365, or 11550 related to marijuana convictions which occurred two or more years before the instant application.)

If yes please explain: _____

How did you hear about this position? Newspaper Advertisement Agency Walk In

Internet Posting: _____ Employee: _____ Other: _____

EDUCATION/SKILLS

Name and location of schools attended:				
High School	City/State	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed: _____	
College/University	City/State	Degree Earned _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cumulative GPA: _____
College/University	City/State	Degree Earned _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cumulative GPA: _____
Highest Degree Attained: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate				
Other applicable courses/training: _____				
Languages (other than English) you are proficient in:				
<input type="checkbox"/> Speaking <input type="checkbox"/> Writing <input type="checkbox"/> Reading _____ <input type="checkbox"/> Speaking <input type="checkbox"/> Writing <input type="checkbox"/> Reading _____				
List your working knowledge of computer languages, software, or platforms:				

PROFESSIONAL LICENSES/CERTIFICATIONS/MEMBERSHIPS

Are you licensed/certified for the job applied?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of license/certification _____	Issuing State _____	Number _____ Expiration _____
Name of license/certification _____	Issuing State _____	Number _____ Expiration _____
Has your license/certification ever been revoked or suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state reason(s), date(s) and date(s) of reinstatement:		

EMPLOYMENT HISTORY

Have you ever been discharged or asked to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, please explain: _____				
<u>CURRENT OR MOST RECENT EMPLOYMENT:</u>									
Name of Employer		Address		City		State		Telephone	
May this employer be contacted for employment verification?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
Supervisor's Name and Title					Your Job Title				
Duties Performed: _____									
Employed from: _____		to: _____		Beginning Salary\$ _____		Ending Salary\$ _____			
Reason for leaving or seeking other employment: _____									

EMPLOYMENT HISTORY Continued

Previous Employment:

Name of Employer _____ Address _____ City _____ State _____ Telephone _____

Supervisor's Name and Title _____ Your Job Title _____

Duties Performed: _____

Employed from: _____ to: _____ Beginning Salary\$ _____ Ending Salary\$ _____

Reason for leaving or seeking other employment: _____

Previous Employment:

Name of Employer _____ Address _____ City _____ State _____ Telephone _____

Supervisor's Name and Title _____ Your Job Title _____

Duties Performed: _____

Employed from: _____ to: _____ Beginning Salary\$ _____ Ending Salary\$ _____

Reason for leaving or seeking other employment: _____

Previous Employment:

Name of Employer _____ Address _____ City _____ State _____ Telephone _____

Supervisor's Name and Title _____ Your Job Title _____

Duties Performed: _____

Employed from: _____ to: _____ Beginning Salary\$ _____ Ending Salary\$ _____

Reason for leaving or seeking other employment: _____

US MILITARY SERVICE

Branch: _____

List Special Skills/Training: _____

REFERENCES

Please list **three business** references who are *not* relatives or friends, willing to discuss your work history within the past 7 years.

Name/Title/Business Relationship	Work Telephone	Home Telephone
_____	_____	_____
Name/Title/Business Relationship	Work Telephone	Home Telephone
_____	_____	_____
Name/Title/Business Relationship	Work Telephone	Home Telephone
_____	_____	_____

PRE-EMPLOYMENT CERTIFICATION/AUTHORIZATION: (Please read thoroughly)

As a condition for the consideration of this application and possible employment with CSCLP, SVSCLP or WSCLP, I understand and agree that I must acknowledge and agree to the following terms, certifications and authorizations (the "Conditions"). My signature below constitutes my consent to the Conditions. These Conditions cannot be waived or modified, whether orally, impliedly, or in writing, except in a writing signed by the Governing Board that expressly refers to the Condition and expressly waives or modifies the Condition. The Conditions supersede all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between CSCLP, SVSCLP, or WSCLP and me regarding the subjects contained herein.

I understand that this application is not a job offer and is only valid for the position applied for at present and that CSCLP, SVSCLP, and WSCLP are not obligated to retain or consider this application for future openings.

I authorize investigation of all statements in this Employment Application and any supplements attached to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize CSCLP, SVSCLP, and WSCLP to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

If employed by CSCLP, SVSCLP or WSCLP, I will abide by all company policies and rules. I understand that any offer of employment will be conditioned upon the execution of other agreements including, but not limited to a confidentiality agreement and arbitration agreement. I understand that, if employed, I will be required to provide a current and valid California driver's license and proof of insurance if my position requires me to drive in the course of my work.

I agree that any claim or controversy arising out of or related in any way to this Application, including but not limited to the failure to offer employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the JAMS/Endispute Arbitration Rules and Procedures for Employment Disputes, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction. To the extent this agreement conflicts with applicable law, the law shall apply over the terms of this Application.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to legally permissible drug and/or alcohol testing upon request by CSCLP, SVSCLP, or WSCLP. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed, storage areas provided for me (locker, desk, etc.) are open to investigation by the company without prior notice to me.

If offered employment by CSCLP, SVSCLP, or WSCLP, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of CSCLP, SVSCLP, and/or WSCLP or me. I understand that, other than the Governing Body of CSCLP, SVSCLP, and WSCLP, no manager, supervisor or representative has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Governing Body has the authority to make any agreement contrary to the foregoing and then only in a writing that specifically references me and modification of the at-will employment relationship. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between CSCLP, SVSCLP, or WSCLP and me.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application