



Employment Application

Santa Barbara Surgery Center is an equal opportunity employer and considers all applicants for all positions pursuant to California's Fair Employment Practices and Housing Act, California Labor Code and other relevant federal, state, and local laws.

PLEASE PRINT

Position applied for:

How did you learn about this position?

- Our Website
- Friend/Relative
- Advertisement
- Social Media
- Employment Agency
- Other

First Name	Middle Initial	Last Name	
Street	City	State	Zip
Home/Mobile Phone	Work Phone	Email Address	

May we contact you at work? Yes No

Have you ever filed an application or been employed with us before? Yes No

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest. Do you have relatives working for the Santa Barbara Surgery Center? Yes No

If yes, state names and relationships:

<small>Name</small>	<small>Relationship</small>	<small>Name</small>	<small>Relationship</small>
_____	_____	_____	_____

Are you currently employed? Yes No May we contact your present employer? Yes No

On what date would you be available for work: _____ Salary desired: _____

Are you available to work Full Time Part Time Temporary Per Diem

Can you travel if the job requires it? Yes No

Are you able to perform the essential functions of the job, with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law.)

If yes, state the nature of the crime(s), when and where convicted, and status of the case.

EDUCATION & TRAINING

	Name of School	Number of years completed	Did you graduate?	Degree or Diploma
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/University	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate/Professional	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (Specify)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write, or understand any foreign languages? Yes No

If yes, which language(s)?

EMPLOYMENT EXPERIENCE

Start with your present or most previous job. Please complete this ENTIRE section even if your resume is attached. You may omit job duties only if they are included on your resume. If you do not complete this section entirely, you will be asked to do so before we consider your application.

	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	START DATE	END DATE	JOB DUTIES
Employer			
Job Title			
Supervisor	STARTING RATE	ENDING RATE	
Supervisor's Contact Info			
Reason for leaving			
May we contact this Employer/Supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

ADDITIONAL INFORMATION

Please state any additional information you feel may be helpful to us in considering your application.

APPLICANT STATEMENT

Please read carefully, initial each paragraph, and sign below

_____ Initials
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ Initials
I hereby authorize Santa Barbara Surgery Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the Santa Barbara Surgery Center any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Santa Barbara Surgery Center, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials
I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Santa Barbara Surgery Center. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Santa Barbara Surgery Center, and that no promises or representations contrary to the foregoing are binding on the Santa Barbara Surgery Center unless made in writing and signed by me and the Santa Barbara Surgery Center's designated representative.

_____ Initials
In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature of Applicant

Date