

Creekside Surgery Center

3831 Piper Street, Suite S110
Anchorage, AK 99508
Phone (907) 339-7800
Fax (907) 339-7890

Application for Employment

It is the policy of Creekside Surgery Center to provide equal employment opportunity to all qualified persons. Race, color, religion, age, sex, national origin, veteran, disability status are not factors in employment, promotion and compensation decisions.

APPLICANT INFORMATION

Name _____
(Print) Last Name First Name Middle Name

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency / Alternative Phone _____

E-mail Address _____

EMPLOYMENT DESIRED

Position Desired 1.) _____ 2.) _____

Available Start Date _____ Salary Required _____

How did you learn of this position? _____

Specify any hours or days you will not work: _____

EDUCATION

	High School	College / University
School Name & Location		
Number of Years Attended		
Major/ Degree		
Did you graduate?		
Date Graduated		
Other relevant training completed, scholastic honors, and relevant extra-curricular activities		

EMPLOYMENT HISTORY

Please list employment for the last 10 years, starting with your current or most recent position. Complete the first group of questions and attach a resume to this application.

Company	Employed	Your Title or Position	Reason for Leaving
	From (Mo/Yr)		
Address	To (Mo/Yr)	Name of Supervisor	Salary upon Leaving
City, State, Zip			

If this is your current employer, may we contact them? Yes No

Company	Employed	Your Title or Position	Reason for Leaving
	From (Mo/Yr)		
Address	To (Mo/Yr)	Name of Supervisor	Salary upon Leaving
City, State, Zip			

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	From (Mo/Yr)		
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Company	Employed	Your Title or Position	Reason for Leaving
	From (Mo/Yr)		
Address	To (Mo/Yr)	Name of Supervisor	Salary upon Leaving
City, State, Zip			

Please Read and Sign	
I certify that the facts stated on this application are true and complete to the best of my knowledge and that I have withheld nothing that would affect unfavorably upon my application. I understand that if hired, any false statements or omissions on this application could result in my immediate termination. The company is hereby authorized to investigate my employment history, credit record, criminal and driving record, education and references.	
I understand that my employment is for no definite period and is "at will", and that the employer/employee relationship can be terminated at any time with or without prior notice.	
I acknowledge that I have read and understand the above statement.	
Signature _____	Date _____

Required Form – Please Fill out and Return