



WILLAMETTE SURGERY CENTER

Willamette Surgery Center
1445 State Street, Salem, Oregon 97301
T: 503-540-6496 | F: 503-316-3780
An Equal Opportunity Employer

Returning patients to optimum health through professional excellence & heartfelt care.

APPLICATION FOR AT-WILL EMPLOYMENT

JOB APPLIED FOR

Job Title: Date: Date Available to Start Work:

PERSONAL INFORMATION

Name (Last Name, First Name): Mailing Address: City, State, Zip: Email Address: Primary Contact Phone: Secondary Contact Phone: Are you personally related to or acquainted with any present or former employee of Willamette Surgery Center? Have you applied for a position here at any time in the past? Have you ever been employed by Willamette Surgery Center? If yes, supervisor: Position: Dates (month/year):

EDUCATION

Table with 6 columns: Name, Location (City, State), Course of Study, Did You Graduate?, If No, Number of Years Completed, Degree Received. Rows include High School, College, Graduate/Professional, Trade, Business, Other.

SPECIAL SKILLS OR TRAINING

Please summarize any special job-related skills and qualifications you have including licenses, certifications, specific technical skills or equipment operating skills. Specialized Skills: Typing WPM Medical Terminology Anatomy Coding Billing Transcription Other

EMPLOYMENT HISTORY

List all work experience, paid or unpaid, beginning with your most recent job.

This section must be completed entirely. Add additional pages if more space is needed.

Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone		
List all the Duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone		
List all the Duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone		
List all the duties you performed:					
Reason for leaving					
Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job title		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor		Title	Phone		
List all the duties you performed:					
Reason for leaving					

PROFESSIONAL REFERENCES

Please provide three professional references, whom you have known for a minimum of one year.

Name	Contact Information Telephone Number or Email Address	Relationship

GENERAL INFORMATION

How did you learn about this job opportunity? Walk-in Employee Referral Friend Employment Agency
 Willamette Surgery Center Website Other Website: _____ State Employment Office
 College Placement Service Other: _____

PREEMPLOYMENT STATEMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN YOUR AGREEMENT BELOW.

- I certify that all information provided on this application and attachments is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume or other materials, or during any interviews, can be reason to not be hired, or if hired, can be cause for my dismissal from employment.
- I authorize Willamette Surgery Center to verify the information provided in this application. I also authorize and request that all of my present and former employers, schools, supervisors (as indicated above), and individuals listed as references furnish information about my employment record, character, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I hereby release them and Willamette Surgery Center from any and all liability for damages arising from furnishing the requested information and agree to hold all persons who provide information to Willamette Surgery Center harmless with respect to the information they may give, receive or publish.
- I understand that no manager, supervisor or other representative of the company, other than the President of the Board, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to my at-will relationship with Willamette Surgery Center. I further understand that any such agreement, if made, is not enforceable unless written and signed by me and the President of the Board of Willamette Surgery Center.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Willamette Surgery Center. I understand that my employment and compensation can be terminated with or without cause or notice at any time, at the option of either Willamette Surgery Center or myself, under our at-will relationship.
- I understand that as a condition of employment I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check.
- I understand that all offers of employment are conditional upon verification of my identity and eligibility to work in the United States.

Applicant's Signature

Date