



**WILLAMETTE  
SURGERY CENTER**

**Willamette Surgery Center**  
1445 State Street, Salem, Oregon 97301  
Human Resources: 503.540.6496 | careers@hopeorthopedics.com  
*An Equal Opportunity Employer*

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

**APPLICATION FOR AT-WILL EMPLOYMENT**

**JOB APPLIED FOR**

Job Title	Date of Application	Date Available to Start Work
-----------	---------------------	------------------------------

**PERSONAL INFORMATION**

Name (Last Name, First Name)		
Mailing Address	City, State, Zip	
Email Address	Phone	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other _____
Have you ever been employed by Willamette Surgery Center? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, supervisor's name	Position	Dates (month/year)

**EDUCATION**

Name	Location	Did You Graduate?	If No, Number of Years Completed	Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
College		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		
Graduate/Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress		
Trade, Business, Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**CERTIFICATIONS/LICENSURE**

Name of Certification	Date Received	Expiration Date	Certification/License Number

## SPECIAL SKILLS OR TRAINING

Please summarize any special job-related skills and qualifications you have including specific technical skills or equipment operating skills.

--

## EMPLOYMENT HISTORY

List all work experience, paid or unpaid, beginning with your most recent job. This section must be completed entirely.

Employing Firm			Address		
From (month/year)	To (month/year)	Hours Per Week	City, State, Zip		
Job Title		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		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		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		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 two professional references, whom you have known for a minimum of one year.

Name	Telephone Number or Email Address	Relationship

**PRE-EMPLOYMENT 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 this application is not intended to be a contract of employment and any employment is offered at will. 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 and pass 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**

**ADDITIONAL INFORMATION**

In the box below, please include your cover letter, additional work history or any other information you would like to include.

PLEASE DOWNLOAD APPLICATION AND SUBMIT TO [CAREERS@HOPEORTHOPEDICS.COM](mailto:CAREERS@HOPEORTHOPEDICS.COM)