

APPLICATION FOR EMPLOYMENT

*Location (For Office Use Only)
Great Basin Surgical Center
An Equal Opportunity Employer*

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT or complete on-line, except your signature on the back of the application. All information given will be held in strict confidence, unless otherwise required by law.

NAME (Print) _____ Date available for employment _____
Last First MI

PRESENT ADDRESS _____
No. Street City State Zip Code

TELEPHONE _____
Day Alternate

Position Applied for: _____ Referred by: _____

What type of employment are you seeking? Full-Time Part-Time Temporary or Summer

Have you previously worked for any Nueterra managed company? Yes No

If Yes, Please list company name and dates of employment: _____

RECORD OF EMPLOYMENT

Please list your most recent employer first.
Nueterra reserves the right to contact former employers to validate the information provided on this application.

1. Name of Current or Most Recent Employer: _____

Address: _____ Telephone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Rate of Pay: Beginning: _____ Ending: _____ Supervisor's Name and Title: _____

Job Title and Duties: _____

Reason for Leaving: _____

2. Name of Current or Most Recent Employer: _____

Address: _____ Telephone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Rate of Pay: Beginning: _____ Ending: _____ Supervisor's Name and Title: _____

Job Title and Duties: _____

Reason for Leaving: _____

3. Name of Current or Most Recent Employer: _____

Address: _____ Telephone: _____

Dates Employed: From: _____ To: _____ Type of Business: _____

Rate of Pay: Beginning: _____ Ending: _____ Supervisor's Name and Title: _____

Job Title and Duties: _____

Reason for Leaving: _____

Please list any reasons for gaps in your employment history: _____

GENERAL INFORMATION

Are you over 18 years of age? Yes No

Are you a citizen of the United States or do you have a valid work permit? Yes No

(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes No License # _____ State Issued: _____

1. Have you ever been convicted of a felony? Yes No (A conviction will not necessarily disqualify an applicant.)

If Yes, please explain: _____

2. Have you ever been sanctioned by Medicare, Medicaid, Champus or other government programs? Yes No

3. Have you held a management position in an organization that was sanctioned by Medicare, Medicaid, Champus or other Government programs? Yes No

If Yes to either question 2 or 3, please explain: _____

EDUCATION

	Name of School or University	Highest Grade or Degree Achieved	Major Subjects
High School:	_____	_____	_____
College:	_____	_____	_____
Other:	_____	_____	_____
(Business, Vocational, Military)	_____	_____	_____

Please list any other skills you feel may apply to the position for which you are applying. _____

REFERENCES

Please list three references. (Not Relatives)

NAME	ADDRESS	PHONE	OCCUPATION
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1.

2.

3.

AGREEMENT TO INVESTIGATION AND AT WILL AGREEMENT

I understand and agree that my background could be investigated and that the nature and scope of the investigation, if one is conducted, could include such general identification information, residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employment will be terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements will render this application void, and if employed, will be cause for termination. I also understand that if employed either the Employer or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. This At Will Agreement cannot be changed except by another written, signed by the Chief Executive Officer of Nueterra, and entitled "Modification of At Will Agreement" by the Chief Executive Officer of Nueterra.

This Employer is hereby authorized to release to any other firm or person with whom I may seek Employment, any and all information concerning my employment.

Applicant Signature

Date