

SOMA SURGERY CENTER

BEVERLYHILLS

<i>APPLICATION FOR EMPLOYMENT</i>				
Last name	First	MI	For Personnel use	Date of Application
Street address			Type of work desired	Social Security number
City	State	ZIP	Home telephone	Work telephone

How were you referred to us? (circle only one) A. By your college B. Advertisement C. Employment agency D. By an employee (name: _____) E. Open House F. Walk-in G. Other

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or most recent; list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present employer business	Type of	Type or classification of job
Street Address number	Phone	Brief description of job duties
City	State	ZIP code
Supervisor's name number	Phone	
Base salary	Dates worked From To	
Reason for leaving		
Last or present employer business	Type of	Type or classification of job
Street Address number	Phone	Brief description of job duties
City	State	ZIP code
Supervisor's name number	Phone	
Base salary	Dates worked From To	
Reason for leaving		

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Military Record

Branch of service	From	To
Present military affiliation:		
<input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)		
Kinds of training and duty while in service		

Professional/Work References

List past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address	Phone number

May we contact your present employer? **Yes** **No**

Wage or salary required

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and that my continued employment depends upon the will of the company or myself.

Date	Signature
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If any of your educational or employment records are under other than the above name, please provide other names.