



Surgical Care Affiliates

Application for Employment

SCA is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

Surgical Care Affiliates is an equal opportunity employer. We do not discriminate on the basis of race, color, gender, gender identity, sexual orientation, age, religion, national or ethnic origin, disability or protected veteran status.

Instructions: Be sure to answer all questions accurately. If any questions do not apply to you, answer with "No" or "Not Applicable" (N/A). A resume may be attached, but please do not substitute resume for information requested .

GENERAL INFORMATION

Name (First, Middle, Last)			
Present Address (Street, City, State)	County	Zip Code	Phone (Incl. Area Code)
List Friends/Relatives who work or have previously worked for SCA			
Have you ever been employed by SCA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, give dates of employment location & position held:	
Have you ever applied for a position with SCA? If yes, what position?			
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are under 18 years of age can you provide required proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever received sanctions, been on probation or had limitation placed on any of your professional licenses or registrations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Have you ever been excluded or otherwise made ineligible to participate in any federal programs, including any health care program (e.g., Medicare, Medicaid, etc.) or have you ever been convicted of a criminal offense related to the provision of health care services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			

Status preference

Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Pool	<input type="checkbox"/> Temporary
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EDUCATION

	School/Institution (City, State)	List Diploma/Degree and Major Subject	Did you Graduate?	Cumulative GPA Average
High School or GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Technical Business/Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Now Attending	<input type="checkbox"/> Undergraduate School <input type="checkbox"/> Graduate School	% Completed	Scholarships, Honors, Assistantships, Etc	
Professional Credentials	Professional Credentials, Organizations, Licenses, Certifications, Certificates			

WORK EXPERIENCE	THIS SECTION MUST BE COMPLETED — List both paid & volunteer experience as applicable starting with the most recent. Account for last 10 years or years worked, if less than 10 YEARS.
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Begin with present or most recent employer and list prior employers				
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
1. Company or Organization	Address	City	State	Zip Code
Dates Employed From: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Job Title/Position		
Phone	Supervisor's Name		Supervisor's Title	
Description of Duties (INDICATE SIGNIFICANT RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)		Reason For Leaving		

2. Company or Organization	Address	City	State	Zip Code
Dates Employed From: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Job Title/Position		
Phone	Supervisor's Name		Supervisor's Title	
Description of Duties (INDICATE SIGNIFICANT RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)		Reason For Leaving		
3. Company or Organization	Address	City	State	Zip Code
Dates Employed From: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Job Title/Position		
Phone	Supervisor's Name		Supervisor's Title	
Description of Duties (INDICATE SIGNIFICANT RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)		Reason For Leaving		
4. Company or Organization	Address	City	State	Zip Code
Dates Employed From: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Job Title/Position		
Phone	Supervisor's Name		Supervisor's Title	
Description of Duties (INDICATE SIGNIFICANT RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)		Reason For Leaving		
5. Company or Organization	Address	City	State	Zip Code
Dates Employed From: To:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Job Title/Position		
Phone	Supervisor's Name		Supervisor's Title	
Description of Duties (INDICATE SIGNIFICANT RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)		Reason For Leaving		

MILITARY SERVICE

Branch of U.S Service

PROFESSIONAL REFERENCES Only	LIST THREE INDIVIDUALS WHO HAVE KNOWLEDGE OF YOUR OCCUPATIONAL SKILLS AND BACKGROUND				
	Name	Address	Occupation/Company	Phone	Email

Should I become a teammate of SCA, I agree, in consideration of such employment, that I will not divulge to others or use for my benefit any confidential information obtained during the course of my employment relating to sales, research & development, formulas, processes, methods, machines, manufactures, compositions, ideas, improvements or inventions belonging to or relating to the affairs of SCA.

I certify that the answers provided by me herein, and the representations made on my resume, if any, are to the best of my knowledge and belief, true and correct without reservation and if found to be false would be considered by me as just cause for discharge. I further affirm that I have not knowingly withheld any facts or circumstances that would detrimentally affect this application.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers or organizations to provide relevant information and opinions that may be useful in making a hiring decision.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARENTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

It is understood that employment at SCA is contingent upon my completing satisfactorily the required physical exam, including a drug test.

I further understand and agree that any offer of employment will be on an employment-at-will basis. As such, both the company I will have the right to terminate this employment at any time and for any reason.

I hereby authorize this company to verify any and all information contained in this application and to inquire about my ability and qualifications for employment from former employers and others.

Smoking is prohibited in all indoor areas of SCA unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

State Specific Notices

Massachusetts Applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liabilities.

Maryland Applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Applicant's Signature _____ Date _____