

Application for Employment

Doctors Surgery Center of Kingman

1740 Sycamore Avenue

Kingman, AZ 86409

Telephone: (928) 681-4214

Fax: (928) 681-4226

Email: administrator@dsckaz.com

Position(s) Desired 1 _____ Wage Desired _____

2 _____ Wage Desired _____

Days and/or Hours Not Available For Work _____

Application Date _____ Availability Date _____ Social Security # _____

Name _____ Employment Requested: Per Diem Full-Time
Last First Middle

Address _____
Street City State Zip Code

_____ _____ _____ _____
Home Telephone Other Telephone Cellular Email

How Did You Learn About This Position: Referral Walk-In Advertisement Website Other

Are you over 18 years of age? YES NO

Are you legally eligible for employment in this country? YES NO

If required, are you willing to travel on business? YES NO

Have you ever pled "guilty" or "no contest" or been convicted of a felony? YES NO If yes, provide detail below.

Have you ever been convicted of a DUI, DWI, or public intoxication? YES NO If yes, provide detail below.

EDUCATION	HIGH SCHOOL	COLLEGE / UNIVERSITY	OTHER
School and Location			
Years Attended			
Degree / Major			
Other Relevant Training and/or Skills, Scholastic Honors, and Relevant Extra-Curricular Activities			

Please list your employment history for the past 10 years, starting with your current or most recent position. You should attach a resume and references, but you must still fill out this section.

May we contact your current employer? YES NO

EMPLOYMENT

COMPANY and ADDRESS	DATES	POSITION/SUPERVISOR/WAGE	REASON FOR LEAVING
1	From To	Position Supervisor Ending Wage	
2	From To	Position Supervisor Ending Wage	
3	From To	Position Supervisor Ending Wage	
4	From To	Position Supervisor Ending Wage	
5	From To	Position Supervisor Ending Wage	

Rate Your Computer Skills (Include Program Names in the Spaces below):

Word Processing 1 2 3 4 5
Better→

Spreadsheet 1 2 3 4 5
Better→

Database 1 2 3 4 5
Better→

E-Mail 1 2 3 4 5
Better→

Other _____

Typing Words Per Minute _____

IN ONE SENTENCE EXPLAIN WHY YOU WANT THIS JOB

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT, AS FOLLOWS:

I certify that the facts stated on this application are true and complete to the best of my knowledge and that I have not withheld anything that would unfavorably affect my application. Doctors Surgery Center of Kingman is hereby authorized to investigate my employment history, credit record, criminal and driving record, education and references. Further, I understand that my potential employment is at the will of Doctors Surgery Center of Kingman and that I can be terminated with or without prior notice, with or without cause. Finally, I acknowledge that I have read, understood, and accept these conditions of potential employment.

Signature Date