



# Employment Application

16 East 52nd Street  
Suite 801  
New York, NY 10022

Phone:917-969-6067

**POSITION APPLIED FOR**

Thank you for your interest in SD Surgical Arts. Only final candidates for posted openings will be contacted personally.

## GENERAL INFORMATION

Name (last, first, middle initial)		Social Security No. (Optional)	
Street Address		City, State, Zip	
Home Phone No.		Work Phone No.	
Cell Phone No.		Message Phone No.	
Are you authorized to work in the United States? Proof of Authorization will be required post hire. Yes No			

## TRAINING AND EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED 2-yr College 4-yr College

Colleges/other training	Major/subject	Degree/certificates

## ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying

SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Other		

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

## BACKGROUND INFORMATION

EACH CASE IS CONSIDERED SEPARATELY BASED ON JOB DUTIES AND PERFORMANCE AREAS

Do you have a valid California State Driver's License? Yes No Other State \_\_\_\_\_

(If position applied for involves driving), have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes No If yes please explain: \_\_\_\_\_

Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes No Conviction will not necessarily bar you from employment. If yes, please explain: \_\_\_\_\_

## How/where did you hear about the position for which you are applying? (Check one)

\_\_\_\_\_ Friend or relative                      \_\_\_\_\_ Employee of CHS&DS

\_\_\_\_\_ Other please specify \_\_\_\_\_



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<b>EMPLOYMENT HISTORY</b>			
Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections <b>MUST</b> be completed even if a resume is submitted.			
Employer	Employed from:	To:	
Address:	Supervisor		
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer	Supervisor's Phone	
Reason for leaving			
Employer	Employed from:	To:	
Address:	Supervisor		
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer	Supervisor's Phone	
Reason for leaving			
<b>PROFESSIONAL REFERENCES</b>		<b>Please list below any people in addition to supervisors listed above not related to you who can responsibly evaluate your work performance</b>	
Name	Place of employment/title	Phone	

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by SD Surgical Arts for dismissal. I authorize SD Surgical Arts to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release SD Surgical Arts from any liability for future references it may provide regarding my work history at the firm.

I understand that employment with the Employer is "at-will", which means that either SD Surgical Arts or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than the owner, Dr. Svetlana Danovich has any authority to alter the foregoing.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_