



Bascom Surgery Center, L.P.  
3803 S. Bascom Ave, Ste 106  
Campbell, CA 95008  
Fax (650) 289-1219



Campus Surgery Center LP  
901 Campus Drive, Ste 102  
Daly City, CA 94105  
Fax (650) 289-1219



Silicon Valley Surgery Center L.P.  
14601 S. Bascom Ave, Ste 100  
Los Gatos, CA 95032  
Fax (650) 289-1219



Waverley Surgery Center L.F.  
400 Forest Ave  
Palo Alto, CA 94301  
Fax (650) 289-1219

## EMPLOYMENT APPLICATION

Bascom Surgery Center L.P (BSCLP), Campus Surgery Center LP (CSCLP), Silicon Valley Surgery Center L.P., (SVSCLP), and Waverley Surgery Center L.P. (WSCLP) are Equal Opportunity Employers. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of BSCLP, CSCLP, SVSCLP, and WSCLP to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**PLEASE PRINT OR TYPE. A resume may be attached but does NOT substitute for the completion of this application**

### EMPLOYMENT DESIRED

Position Desired: \_\_\_\_\_ Rate of Pay Desired: \_\_\_\_\_ Location:  Bascom  Campus  
 Silicon Valley  Waverley  Any Center

Today's Date: \_\_\_\_\_ Date Available: \_\_\_\_\_  Full Time  Part-time  Per Diem-Days available: \_\_\_\_\_

Have you ever been employed by BSCLP, CSCLP, SVSCLP and/or WSCLP? \_\_\_\_\_ If so, when: \_\_\_\_\_

### PERSONAL HISTORY

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Other name(s) you have used \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Business/Msg Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Driver's License Number / State Issued \_\_\_\_\_

Prior Address (if you have lived at another address in the last seven years)

Do you have the unrestricted legal right to work in the US?  Yes  No

Are you at least 18 years of age?  Yes  No (Proof of age is required for all employees on the date of hire)

Are you able to perform all the duties required and the essential functions of the position you are applying for with or without an accommodation?  
 Yes  No

Have you ever been convicted of a felony?  Yes  No (A conviction will not necessarily disqualify you. Do not include convictions that were sealed, eradicated or expunged, convictions that resulted in referral to a diversion program, or convictions under California Health & Safety Code §§ 11357(a) or (b), 11360(c), 11364, 11365, or 11550 related to marijuana convictions which occurred two or more years before the instant application.)

If yes please explain: \_\_\_\_\_

How did you hear about this position?  Newspaper Advertisement  Agency  Walk In  
 Internet Posting: \_\_\_\_\_  Employee: \_\_\_\_\_  Other: \_\_\_\_\_

## EDUCATION/SKILLS

Name and location of schools attended:

High School	City/State	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed: _____
College/University	City/State	Degree Earned _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Cumulative GPA: _____
College/University	City/State	Degree Earned _____	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No Cumulative GPA: _____

Highest Degree Attained:  High School  Associate  Bachelor's  Master's  Doctorate

Other applicable courses/training: \_\_\_\_\_

Languages (other than English) you are proficient in:

Speaking  Writing  Reading \_\_\_\_\_  Speaking  Writing  Reading \_\_\_\_\_

List your working knowledge of computer languages, software, or platforms:

## PROFESSIONAL LICENSES/CERTIFICATIONS/MEMBERSHIPS

Are you licensed/certified for the job applied?  Yes  No

Name of license/certification \_\_\_\_\_ Issuing State \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name of license/certification \_\_\_\_\_ Issuing State \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No  
If yes, please state reason(s), date(s) and date(s) of reinstatement:

## EMPLOYMENT HISTORY

Have you ever been discharged or asked to resign from a position?  Yes  No If yes, please explain: \_\_\_\_\_

**CURRENT OR MOST RECENT EMPLOYMENT:**

Name of Employer	Address	City	State	Telephone
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May this employer be contacted for employment verification?  Yes  No

\_\_\_\_\_  
Supervisor's Name and Title

\_\_\_\_\_  
Your Job Title

Duties Performed: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Beginning Salary\$ \_\_\_\_\_ Ending Salary\$ \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

## EMPLOYMENT HISTORY Continued

### Previous Employment:

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Your Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Beginning Salary\$ \_\_\_\_\_ Ending Salary\$ \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

### Previous Employment:

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Your Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Beginning Salary\$ \_\_\_\_\_ Ending Salary\$ \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

### Previous Employment:

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Your Job Title \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Beginning Salary\$ \_\_\_\_\_ Ending Salary\$ \_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

## US MILITARY SERVICE

Branch: \_\_\_\_\_

List Special Skills/Training: \_\_\_\_\_

**REFERENCES**

Please list three **business** references who are not relatives or friends and who are willing to discuss your work history within the past 7 years.

Name/Title/Business Relationship	Work Telephone	Home Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRE-EMPLOYMENT CERTIFICATION/AUTHORIZATION: (Please read thoroughly)**

As a condition for the consideration of this application and possible employment with BSCLP, CSCLP, SVSCLP or WSCLP, I understand and agree that I must acknowledge and agree to the following terms, certifications and authorizations (the "Conditions"). My signature below constitutes my consent to the Conditions. These Conditions cannot be waived or modified, whether orally, impliedly, or in writing, except in a writing signed by the Governing Board that expressly refers to the Condition and expressly waives or modifies the Condition. The Conditions supersede all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between BSCLP, CSCLP, SVSCLP, or WSCLP and me regarding the subjects contained herein.

I understand that this application is not a job offer and is only valid for the position applied for at present and that BSCLP, CSCLP, SVSCLP, and WSCLP are not obligated to retain or consider this application for future openings.

I authorize investigation of all statements in this Employment Application and any supplements attached to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize BSCLP, CSCLP, SVSCLP, and WSCLP to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.

If employed by BSCLP, CSCLP, SVSCLP or WSCLP, I will abide by all company policies and rules. I understand that any offer of employment will be conditioned upon the execution of other agreements including, but not limited to a confidentiality agreement and arbitration agreement. I understand that, if employed, I will be required to provide a current and valid California driver's license and proof of insurance if my position requires me to drive in the course of my work.

I agree that any claim or controversy arising out of or related in any way to this Application, including but not limited to the failure to offer employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the JAMS/Endispute Arbitration Rules and Procedures for Employment Disputes, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction. To the extent this agreement conflicts with applicable law, the law shall apply over the terms of this Application.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to legally permissible drug and/or alcohol testing upon request by BSCLP, CSCLP, SVSCLP, or WSCLP. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed, storage areas provided for me (locker, desk, etc.) are open to investigation by the company without prior notice to me.

If offered employment by BSCLP, CSCLP, SVSCLP, or WSCLP, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of BSCLP, CSCLP, SVSCLP, and/or WSCLP or me. I understand that, other than the Governing Body of BSCLP, CSCLP, SVSCLP, and WSCLP, no manager, supervisor or representative has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the Governing Body has the authority to make any agreement contrary to the foregoing and then only in a writing that specifically references me and modification of the at-will employment relationship. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between BSCLP, CSCLP, SVSCLP, or WSCLP and me.

**My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date of Application**