

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

If required to drive a motor vehicle for the job applying for, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work? _____	
Driver's license number _____	State of issue _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration date _____	
Have you had any accidents during the past three years? _____ How many? _____	
Have you had any moving violations during the past three years? _____ How Many? _____	
PROFESSIONAL LICENSES AND/OR CERTIFICATIONS	
Are you currently:	<input type="checkbox"/> Registered <input type="checkbox"/> Licensed <input type="checkbox"/> Certified
Are you eligible for:	<input type="checkbox"/> Registration <input type="checkbox"/> Licensure <input type="checkbox"/> Certification
If licensed, registered or certified:	
TYPE:	NUMBER:
STATE ISSUED:	DATE ISSUED:
EXPIRATION DATE:	
Has your license/certification/registration ever been revoked or suspended? o Yes o No	
If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____	

Please list two supervisory-level references (do not list relatives or personal friends).	
Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (_____) _____	Telephone (_____) _____
List any foreign languages you write, speak, or understand: _____	
Are you able to perform all of the duties of the desired position? o Yes o No If no, describe the functions that can not be performed: _____	
Do you have any friends or relatives working for Advanced Pain Management? o Yes o No	
If yes, state names(s) and relationship(s) _____	
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.	

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Education & Continuing/Training Education Please list any relevant training courses or continuing education programs completed.			
Name and Address of School	Date(s) Attended	Course or Major	Diploma/Degree

Work experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
Name of employer Address City, State, Zip Code Phone number	Name of Supervisor	Employment Dates	Pay/Hour or Salary
		From	Start
		To	Final
Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
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PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
Name _____	Telephone (____) _____
Address _____	Relationship _____

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? _____

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the Wisconsin Surgery Center to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Advanced Pain Management depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.