3305 South 20th Street, Suite 150 Milwaukee, Wisconsin 53215

Phone: 414-384-2100 Fax: 414-384-2700

WISCONSIN SURGERY CENTER APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE	ALL PAGES	DATE				
Name		First		Middle		
	INL	SARTE:		2312k s		
Present address	Number	Street	City Stat	te Zip		
Daytime Telephone ()	Email:	200 DOGS			
Evening Telephone ()			efore? o Yes o No		
Are you at least 18 years of requirements for the type	old? o Yes o No (If not, you work you are applying fo	our employment will be or and have obtained a v	e subject to verificate valid work permit.)	tion that you meet state/f	ederal minimum age	
			Days/hours	s available to work		
			No Pref	Thur	<u></u>	
			Mon	Fri		
(Be specific)			Tue Wed	Sat Sun		
How many hours can you	work weekly?	Employn	nent desired: 🗖 Ful	ll-time 🚨 Part-time 🚨 Te	mporary/Seasonal	
When available for work?	1	How were you referred	to the company? _			
Are you legally authorized	to work in the U.S.? Ye	es DNo (If hired, you	a will be required to	provide proof of work a	athorization.)	
	der which you have worked					

List any other states you ha	ave resided in the last 5 year	:8:				
TYPE OF SCHOOL	NAME OF SCHOOL	- 100 CONTRACTOR CONTR	ATION nailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	
High School	- 10 10 10 10 10 10 10 10 10 10 10 10 10			CONTRACTOR		
College	 			-		
Bus. or Trade School					100	
Bus. or Trade School					<u></u>	
					-	
Bus. or Trade School Professional School	af a crima other than a	- traffic violation		Three share explain		
Bus. or Trade School Professional School	cted of a crime, other than a	minor traffic violation	? 🗆 Yes 🗓 No	If yes, please explain:		
Bus. or Trade School Professional School	eted of a crime, other than a	minor traffic violation	? 🗆 Yes 🗎 No	If yes, please explain:		

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			, do you have a valid driver's		□ No
what is your means of tr	ansportation to work?				
Driver's license number Str Expiration date			State of issue	☐ Operator ☐ Commercia	l (CDL) Chauffeur
Have you had any accide	nts during the past thre	ee years?		How many?	
Have you had any movin	g violations during the	past three y	ears?		
			LICENSES AND/OR CE		
Are you currently:	☐ Registered	☐ Lice		THE TOTAL PORTS	
Are you eligible for:	☐ Registration	☐ Licer			
TYPE:	NINGS		sed, registered or certif	fied:	
life;	NUMBE	R:	STATE ISSUED:	DATE ISSUED:	EXPIRATION DATI
TYPE:	NUMBE	R:	STATE ISSUED:	DATE ISSUED:	EXPIRATION DATE
las your license/certifica f yes, state reason(s), date	tion/registration ever be of revocation or suspe	een revoke ension, and	d or suspended? date of reinstatement:	o Yes o No	
	 				
lease list two supervisory	-level references (do no	ot list relativ	es or personal friends).		
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ame					
osition					
ompany			Company		
ddress			Address	· · · · · · · · · · · · · · · · · · ·	
-				38.27 98 99	
elephone ()		200	Telephone (
st any forcign languages				, , , , , , , , , , , , , , , , , , , 	0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
e you able to perform al					
e you asie to perform at	or the duties of the de	estrea positio	on? O Yes O No If t	no, describe the functions th	at can not be performed:
		Advanced P	ain Management? O Ves	o No	
you have any friends or	relatives working for		am management. O 1cs	0.10	
o you have any friends or yes, state names(s) and re	relatives working for a elationship(s)				
yes, state names(s) and re	elationship(s)		to adament h		
o you have any friends or yes, state names(s) and re application form sometim ditional information necess	elationship(s)	an individual	to adequately summatize a cost for the specific position for w	mplete background. Use the splitch you are applying.	pace below to summarize an
yes, state names(s) and re application form sometime	elationship(s)	an individual	to adequately summarize a cors for the specific position for w	mplete background. Use the st hich you are applying.	pace below to summarize an
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Education & Continuing,	Training Educ	eation Please list a	ny relevant training cou	rses or continuing education p	programs completed.
Name and Address of School		Date(s) Attende	d (Course or Major	Diploma/Degree
			ă.		
2 E					
Work experience				ginning with your most reconnal sheets if necessary.	ent job held.
Name of employer Address			Name of Supervisor	Employment Dates	Pay/Hour or Salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Job Title		
Reason for leaving (be specific)					
List the jobs you held, duties pe		d of feather, advance.	iens of promotoria w	ribe you worked at this con	ipany.
Name of employer Address City, State, Zip Code Phone number		-	Name of Supervisor	Employment Dates	Pay/Hour or Salary
			4 33000	From	Start
				То	Final
			Job Title		
Reason for leaving (be specific)		0			
List the jobs you held, duties per	rformed, skills used	d or learned, advancer	ents of promotions w	hile you worked at this con	pany.
				V-000	(i) (i)(i)(i)(i)(i) (i)

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experience	give firm name. Attac	years beginning with you th additional sheets if n	nr most recent job held. necessary.	
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City, State, Zip Code Phone number			From	Start
			То	Final
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City, State, Zip Code Phone number			From	Start
			То	Final
		Job title		
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills v	ised or learned, advance	ements or promotions wh	ile you worked at this com	pany.
		O IN CASE OF EMER		
Name				
May we contact your present employer?	□ Yes □ No			
Did you complete this application yourself?	☐ Yes ☐ No			
f not, who did?				

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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.