

Employment History

Cover all current and previous employment, including jobs held while in school or the military. Start with your present or last position and list backwards in chronological order. Please answer all questions and explain all periods of unemployment. **Do not substitute a resume for the information requested.**

	Name and address of employer	Dates employed		Position(s) held	Salary	
		From Month/Year	To Month/Year		Starting	Leaving
1.						
2.						
3.						
4.						
5.						
6.						

Education History

Education	Name and location of institution	Highest grade/year completed	Grade average	Did you graduate?	If you graduated, what was your degree and major	Dates attended
High school and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study	X
College		1 2 3 4		<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Graduate school				<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Major	
Other institutions attended				<input type="checkbox"/> Yes <input type="checkbox"/> No	Major	

List any other training and education

Extracurricular activities, awards, academic honors, etc.

Presidio Surgery Center

A California Pacific Medical Center Affiliate

	<i>Briefly explain your duties, responsibilities and number of people supervised in each position.</i>	<i>Why did you leave?</i>	<i>Name, title and phone number of supervisor</i>	<i>May we contact?</i>
1.				
2.				
3.				
4.				
5.				
6.				

Activities

<i>Current or past membership in civic, professional or other organizations of which you would like us to be aware</i>
<i>Hobbies and other interests</i>

Skill Summary

	<i>What specific experience have you had in the following?</i>				
	<i>Length of time</i>	<i>Type</i>	<i>Computer Skills</i>	<i>Length of time</i>	<i>Name of program</i>
<i>Accounting</i>			<i>Data entry</i>		
<i>Billing</i>			<i>Word processing</i>		
<i>Medical records</i>			<i>Spread sheets</i>		
<i>Calculator</i>			<i>Data base applications</i>		
<i>Typing</i>		<i>Speed wpm</i>	<i>Other</i>		
<i>Dictating equipment</i>			<i>Other</i>		

Applicant's Statement

I certify that the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize Presidio Surgery Center or its agents to conduct an investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. I authorize any individuals or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims or law suits in regard to the information obtained.

If an employment relationship is established, I agree to conform to the policies and procedures of Presidio Surgery Center and to support the company's commitment to operate in compliance with all applicable laws. I understand that all employees are subject to the rules and testing components of the Presidio Surgery Center Drug and Alcohol Policy and that employment with Presidio Surgery Center is contingent upon compliance with this policy.

I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself. I also understand that any period of employment is not for a specific duration and understand that with the exception of the Chief Executive Officer of Presidio Surgery Center, no company representative has the authority to make any oral or written agreements which are contrary to the foregoing.

I certify that I have read, understand and agree with the above.

Applicants Signature

Date