

Other

APPLICATION CONTINUED

List business, computer software, or industrial equipment operated:

FOR CLERICAL POSITIONS ONLY

Typing: Yes No Approximate WPM: _____ Specify equipment: _____

10 Key: Yes No Approximate WPM: _____ Specify equipment: _____

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS If licensed, registered or certified

Are you: Currently: Registered Licensed Certified

Eligible for: Registration Licensure Certification

TYPE:	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRATION DATE
TYPE:	NUMBER	STATE ISSUED	DATE ISSUED	EXPIRATION DATE

EMPLOYMENT HISTORY

Beginning with your current or most recent employer, list the last four positions of employment held in date order:

POSITION OF EMPLOYMENT

NAME OF EMPLOYER	POSITION
ADDRESS	DATES FROM TO:
SUPERVISOR'S NAME	SALARY: PER: PHONE
KEY JOB DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	

POSITION OF EMPLOYMENT

NAME OF EMPLOYER	POSITION
ADDRESS	DATES FROM TO:
SUPERVISOR'S NAME	SALARY: PER: PHONE
KEY JOB DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	

POSITION OF EMPLOYMENT

NAME OF EMPLOYER	POSITION
ADDRESS	DATES FROM TO:
	SALARY: PER:
SUPERVISOR'S NAME	PHONE
KEY JOB DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	

POSITION OF EMPLOYMENT

NAME OF EMPLOYER	POSITION
ADDRESS	DATES FROM TO:
	SALARY: PER:
SUPERVISOR'S NAME	PHONE
KEY JOB DUTIES/RESPONSIBILITIES	
REASON FOR LEAVING	

BUSINESS REFERENCES

List three professional/business references.

NAME	ADDRESS / CITY/ STATE / ZIP	TELEPHONE	RELATIONSHIP & YEARS ACQUAINTED

I authorize investigations of all statements contained in this application and the references listed to provide any and all information concerning my previous employment and any pertinent information they may have. I understand that a drug screen and background check, following Fair Credit Reporting Act (FCRA) guidelines, will be done if I am offered a position, and the offer will be conditional until these are successfully completed and evaluated. Furthermore, I release all persons from all liability and damages that may result from furnishing that information to the Kansas Spine Hospital, L.L.C.

If I am employed, in consideration of my employment, I agree to conform to the policies and procedures of the Kansas Spine Hospital, L.L.C. as adopted. In addition, in consideration of any continued employment, I agree to conform to the policies and procedures of the Kansas Spine Hospital, L.L.C. as they are revised. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Kansas Spine Hospital, L.L.C.

I certify that I have read and understand the foregoing paragraphs. I further certify that all the information submitted by me in this application is true and complete to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts called for in this application may be cause for denial of my application or, if I am employed, discharge at any time.

Date Signature

This application is current for one year.