



Surgical Care Affiliates  
Application for Employment

In compliance with applicable laws, the company does not discriminate because of age, sex, race, color, religion, marital status, national origin, veteran status, disability or other applicable protected status.

**Instructions:** Please print. Be sure to answer all questions. If a question does not apply to you, answer with "no" or "not applicable" (N/A). Do not substitute a resume for the information requested.

<b>Position applied for</b>	<b>Shift preference (if applicable)</b>	<b>Status preference</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Pool
<b>Who referred you to our company?</b>		<b>Minimum salary requirement</b>
<b>Have you worked with this company before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide location(s) and dates</b>	
<b>Date you will be available if offered employment</b>	<b>Would you accept employment in another city?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location(s) preferred</b>

**General Information**

<b>Last name</b>	<b>First</b>	<b>Middle</b>
<b>Present address</b>	<b>City</b>	<b>State</b> <b>Zip</b> <b>How long?</b>
<b>Previous address</b>	<b>City</b>	<b>State</b> <b>Zip</b> <b>How long?</b>
<b>Telephone number and area code</b> Home ( ) Work ( ) Cell ( )		<b>Email address (optional)</b>
<b>Are you legally eligible to work in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>List both current and inactive professional licenses and registrations</b>		
<b>Type</b>	<b>State</b>	<b>Number</b> <b>Date issued</b> <b>Expiration date</b> <b>Status</b>
<b>Have you ever received sanctions, been on probation or had limitations placed on any of your professional licenses or registrations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please explain</b>
<b>Have you ever been excluded or otherwise made ineligible to participate in any federal programs, including any health care program (e.g., Medicare, Medicaid, etc.) or have you ever been convicted of a criminal offense related to the provision of health care services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please explain</b>
<b>Have you ever been terminated from or asked to resign from a position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, name of employer and date</b>	

An equal opportunity employer



**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
High school and/or G.E.D.		9 10 11 12		<input type="checkbox"/> Yes <input type="checkbox"/> No	Major Study
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


Professional organizations, awards, academic honors, etc.


	<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.				

***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 Surgical Care Affiliates 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 Surgical Care Affiliates 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 Surgical Care Affiliates Drug and Alcohol Policy and that employment with Surgical Care Affiliates 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 Surgical Care Affiliates, 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.

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*Applicant's Signature*



**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**DISCLOSURE AND ACKNOWLEDGMENT (IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT)**

may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may include employment history and reference checks, criminal and civil litigation history information, motor vehicle records ("driving records"), sex offender status, credit reports, education verification, professional licensure, drug testing, Social Security Verification, and information concerning workers' compensation claims (only once a conditional offer of employment has been made). Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been run about you, and the nature and scope of any investigative consumer report, and request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Screening Services, 1401 Providence Park Birmingham, AL 35242, toll-free 866.859.0143 or another outside organization. The scope of this notice and authorization is all-encompassing; however, allowing Surgical Center of Greensboro, LLC to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by ESS, another outside organization acting on behalf of Surgical Center of Greensboro, LLC I agree that a facsimile ("fax"), electronic or photographic copy of this authorization shall be as valid as the original.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**Minnesota and Oklahoma applicants or employees only:** Check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Signature of Employee or Prospective Employee \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT INFORMATION: TO BE COMPLETED BY APPLICANT: PLEASE USE BLACK INK**

**The following is for identification purposes only to perform the background check and will not be used for any other purpose.**

Print: Last Name	First Name	Middle Initial	Social Security Number
Date of Birth	Drivers License Number	State	Professional License Number
		State	Type
Current Address:	City	State	Zip Code
Previous Address (Past 7 Years):	City	State	Zip Code
Alias Names (Other names I have been known by):			

Position Applying For: \_\_\_\_\_

**FOR FACILITY USE ONLY**

Facility Name: Surgical Center of Greensboro	Phone Number: (336) 272-0012
Facility Number: 50308	Secured Fax Number: (336) 272-4063
Requested By: Barbara Reece	E-mail address: barbara.reece@scasurgery.com
Job Title: (Must be Supervisor or above) Business Office Manager	

**SEARCHES**

<input type="checkbox"/> CRIMINAL PACKAGE	<input type="checkbox"/> CRIMINAL PACKAGE WITH CREDIT
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**SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

*Para informacion en espanol, visita [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records.) Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take adverse action against you- must tell you, and must give you the name, address and phone number of the agency that provided the information.
  - **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identify theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every twelve (12) months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
  - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
  - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
  - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old.
  - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to be consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
  - **You must give consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
  - **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
  - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
  - **Identify theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you have more rights under the state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051