



Dear Applicant,

Thank you for choosing to apply for a position within Northern Wyoming Surgical Center.

Northern Wyoming Surgical Center is a full service ambulatory surgical, endoscopy and pain management center. We provide the highest quality services for outpatients in a comfortable, convenient and cost-competitive setting.

Our qualified, elite physicians have years of experience in surgery procedures and are board certified. Our commitment to our patients remains a priority and allows us to provide the latest techniques in surgery procedures.

Providing the best care starts with our staff. Northern Wyoming Surgical Center focuses on hiring and keeping the best people available while maintaining an excellent staff-to-patient ratio.

To ensure the timely processing of your application, please be aware of the following items:

- Incomplete applications will not be accepted
- Type or print clearly in dark ink
- If submitting a resume, an official application must also be completed

Upon close of recruitment period, all applications will be reviewed to determine if each applicant meets the minimum qualifications for the position. If you are selected for an interview, you will be contacted by phone. After all interviews have taken place and an applicant has accepted the position, remaining applicants will be contacted and informed that the position has been filled.

Todd Currier

Todd Currier, Administrator



732 Lindsay Lane
 Cody, Wyoming 82414
 Phone 307-587-2139
 Fax 307-587-2365

IMPORTANT: All information on this application will be treated confidentially. It is the policy of this facility to provide equal opportunity to persons regardless of race, color, religion, creed, national origin, age, gender or disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

TODAY'S DATE: _____

Last Name		First Name		Middle Initial	Social Security Number
Present Address				City	State Zip
Home Phone	Cell Phone		Email Address		
Position for which you are applying		<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual relief	Date available	Hourly rate desired	
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you applied with our company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you worked for our Company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have current BLS (CPR)? YES <input type="checkbox"/> NO <input type="checkbox"/> If RN, current ACLS? YES <input type="checkbox"/> NO <input type="checkbox"/>					

If hired, can you provide citizenship status or provide valid authorization to work in the U.S. YES NO

Have you ever been convicted of a crime? (Arrests or charges that have been expunged need not be disclosed) YES NO

If yes, give date, place and nature of each conviction. _____

	Name of school, City and State	Check last year attended in school	Degree/certificate Year obtained
High School/GED		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Graduated/GED? <input type="checkbox"/> yes <input type="checkbox"/> no	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> yes <input type="checkbox"/> no	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Graduated? <input type="checkbox"/> yes <input type="checkbox"/> no	
Other (ie CNA, Sterile Processing Tech, etc)			
Special skills/Qualifications			

PROFESSIONAL REFERENCES (OTHER THAN RELATIVES) Give references who have good knowledge of your work.

Name	How are you associated and for how long	Work phone	Home phone

EMPLOYMENT HISTORY

Employer Name _____ Supervisor name _____ Address _____ PhoneNumber _____ Job title/duties _____ _____ Reason for leaving _____	Dates of Employment From: ____/____ To: ____/____ Salary: _____
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Release/Consent/Disclosure

I understand and certify that all information supplied in this application is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the company, and further agree that my employment and compensation are at the will of the company and 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 understand and hereby authorize all persons, schools, companies, employers and /or their representatives to furnish verification to Northern Wyoming Surgical Center (NWSC), its representatives or agents, any and all information set forth in this application. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and /or their representatives from any and all claims that I may have, or which may arise, against any and /or all of them, including the company as a result of them furnishing information to NWSC. I authorize NWSC, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize NWSC to conduct credit, police, criminal and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et. seq. I understand that the decision to hire me and my continued employment will be subject to the results of these inquiries.

NWSC is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

NWSC has a firm commitment to its employees, customers and the public to provide the safest and most competent services possible. The nature of our business requires that we promote high standards of employee health. Therefore, any employee sustaining an on-the-job injury that requires medical treatment or that involves damage to NWSC property may be requested to submit to a blood and /or urine test to determine the possible presence of drugs and /or alcohol. Any employee guilty of serious safety infractions, including near-miss situations, or failure to follow established safety procedures may be subject to testing under this policy.

I understand this application will be active for employment consideration for 90 days.

I have read, understand and agree with this statement.

Applicants' Signature

Date