

Northern Wyoming Surgical Center
732 Lindsay Lane
Cody, WY 82414
Phone | (307) 587-2139
Fax | (307) 587-2365
www.nwsc.com

Dear Applicant,

Thank you for your interest in a position at Northern Wyoming Surgical Center.

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

Our board-certified physician staff and certified advanced practice professionals have years of experience in surgical procedures and is committed to providing high-quality, safe patient care.

Our commitment to our patients and the Big Horn Basin Community is a priority and allows us to provide the latest techniques in surgical procedures. Providing the best care starts with our staff.

Northern Wyoming Surgical Center is committed to recruiting and retaining the best people available while maintaining a safe and high quality staff-to-patient ratio.

To ensure the timely processing of your application, please note the following:

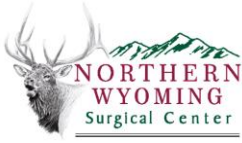
- Incomplete applications will not be accepted
- Type or print clearly in dark ink
- If submitting a resume, an official application must also be completed

Upon close of the recruitment period, all applications will be reviewed to determine if the minimum qualifications for the position have been met. 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.

We thank you for your interest in the applicable position and wish you the best of luck.

Cindy Rohde

Cindy Rohde, CPMSM
Administrator
Northern Wyoming Surgical Center



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Employment Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Date Available: _____ **Social Security No.:** _____ **Desired Salary: \$** _____

Position Applied for: _____

Do you have a current BLS (CPR) certificate? YES NO If RN, Do you have current ACLS? YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for our company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

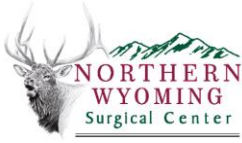
College: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ **Address:** _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ **Address:** _____



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From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

Full Name: _____ **Relationship:** _____
Company: _____ **Phone:** _____
Address: _____

Previous Employment

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____ **Starting Salary:\$** _____ **Ending Salary:\$** _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES NO

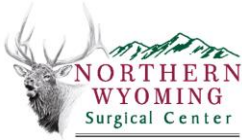
Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____ **Starting Salary:\$** _____ **Ending Salary:\$** _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ **Phone:** _____



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Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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 the above statements as delineated above.

Signature: _____ Date: _____