



# Center for Specialty Surgery, LLC

Barnes Road Professional Plaza  
11782 SW Barnes Road,  
Portland, OR 97225

## **APPLICATION FOR EMPLOYMENT**

(Equal Employment Opportunity Employer)

### GENERAL

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**NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**DATE AVAILABLE FOR EMPLOYEMENT:** \_\_\_\_\_

Have you ever been employed by this Employer?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

**Type of work desired:** \_\_\_\_\_

**Wages desired:** \_\_\_\_\_

Do you have a valid driver's license in this state?  Yes  No

License #: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Are you available to work  FULL-TIME  PART-TIME  OVER-TIME

*NOTE: This EMPLOYER is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with the applicable federal and state equal employment opportunity laws.*



**EMPLOYMENT EXPERIENCE (Continued):**

\_\_\_\_\_  
Your job position:

\_\_\_\_\_  
Duties:

\_\_\_\_\_  
Your salary or hourly: Starting / Ending

\_\_\_\_\_  
Reason for leaving:

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?

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\_\_\_\_\_  
Employer

Employed

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

from \_\_\_ mo/yr

\_\_\_\_\_  
Telephone #:

to \_\_\_ mo/yr

\_\_\_\_\_  
Your job position:

\_\_\_\_\_  
Duties:

\_\_\_\_\_  
Your salary or hourly: Starting / Ending

\_\_\_\_\_  
Reason for leaving:

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?

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\_\_\_\_\_  
Employer

Employed

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Address

from \_\_\_ mo/yr

\_\_\_\_\_  
Telephone #:

to \_\_\_ mo/yr

\_\_\_\_\_  
Your job position:

\_\_\_\_\_  
Duties:

\_\_\_\_\_  
Your salary or hourly: Starting / Ending

\_\_\_\_\_  
Reason for leaving:

\_\_\_\_\_  
What did you like most about your job?

\_\_\_\_\_  
What did you like least about your job?