Capital Area Anesthesia, P.C. CRNA Application for Employment

Capital Area Anesthesia, P.C. (CAAAPC"), is an equal opportunity employer. We do not engage in any unlawful discrimination in hiring or employment on the basis of race, sex, age, color, religion, national origin, disability, genetic information, or other legally protected characteristic. If you have a disability that requires accommodation to complete any part of the application or hiring process, please notify us on a confidential basis and we will provide reasonable accommodation.

You need to answer every question on this application. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you. All of your answers on this application must be complete and truthful. If you omit any relevant information or make a false or misleading statement, you will be disqualified from further consideration or dismissed from employment.

This application will not be eligible for consideration more than 30 days after CAAPC receives it. If you wish to be considered for any position after that date, you must contact us to submit a new application.

Name:				
Last	First			
Date of Application:		Date you can start work: _	•	
Present Address:	not.			
Stre	eet	City	State	Zip
Permanent Address:				
	Street	City	State	Zip
Phone: Home	Mobile	We	ork	
Are there any hours or	days of the week you cann	not work? If so, when?_		
Employment Sought: F	ull-time Part-time	Salary Desired:		
Have you ever applied	for employment with CAAC	CP before? If yes, wh	en?	
Under what name?				

	Name and Locatio	n of School	No. of Years Attended	Did You Graduate?	Sub	ject/Major
Elementary School			ā			
High School						
College						
Specialized Training						
Do you have	U.S. Military experi	ence?	Date Entere	ed:		
Branch:	Rank:	Date	Discharged:		Honor	ably?
	ılly entitled to be e					
	er been convicted o				nn?	No
Yes		i d'emile exe	ept a millor t	rame violatie	,,,,	_ 110
If so, please s	tate citation, date	and place wh	ere offense o	ccurred.		
					alesant .	
Please provide	any additional inform			2000 A		
Please provide	any additional informeration or qualification			2000 A		
Please provide				2000 A		
Please provide				2000 A		
Please provide equipment ope		ns you feel wil	l be helpful to	us in conside	ring you	r application.
Please provide equipment ope	eration or qualification	ns you feel wil	l be helpful to	us in conside	or at leas	r application.

Emergency (Contact:						
Phone	Nar	ne	Street			City/Si	ate
CURRENT A	CURRENT AND FORMER EMPLOYERS: (Most Recent First)						
Date Month/Year		Name, Address, and Telephone	Salary Starting/ Ending	Annah de la companya del companya de la companya del companya de la companya de l	tion Held/ sibilities	Reas	on for Leaving
From:							
То:							
From:							
То:							
From:							-
То:							
From:							
То:							
From:							
То:							
May we contact the employers listed?YesNo							
If not, which one(s)?							

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS.

- 1. <u>Certification of Truthfulness</u>: I certify that all of my statements in the Application for Employment (and in any materials I have submitted in support of my Application) are true and complete. I understand and agree that if CAAPC should determine that any of my statements are false or misleading or that I omitted any requested information, CAAPC may disqualify me from further consideration or terminate my employment.
- **Employment at Will**: I agree that if I am hired by CAAPC I will comply with all rules, regulations, policies, and communications directed to CAAPC employees in my position, including any changes made from time to time. I understand that my employment with CAAPC will be at will, which means that either I or CAAPC may terminate the employment relationship at any time, with or without reason or cause.
- **3. <u>Drug Testing</u>**: I agree to provide CAAPC with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
- **4.** <u>Medical Exam</u>: I understand that any job offer by CAAPC will be conditioned on my satisfactory completion of a post-offer medical exam.
- **Limitation on Claims:** I agree that any claim or suit that relates to my application, my employment with, or my separation from CAAPC, must be brought within the following time limits or be forever barred: (1) for suits requiring a Notice of Right to Sue from the US EEOC, within 90 days after EEOC issues that Notice; or (2) for all other suits, within the shorter of (a) 180 days after the events giving rise to the claim, or (b) the time limit specified by statute. I waive any statute of limitations that exceeds this time limit. I also waive any right to trial by jury, and agree that any claim or suit will be heard and decided by a judge and not a jury.
- **6.** <u>Terms of Employment</u>: I agree to the above terms. I understand and agree that these terms can be revised only by a contract signed by the President or Executive Director of CAAPC, and that no other representative of CAAPC has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of CAAPC are subject to exception or change at any time as decided by CAAPC in its sole discretion.

By signing below, I acknowledge that I have read the Application and this Certification and Agreement, I understand their terms, and I have signed them knowingly and voluntarily.

	w.7 2	
Date:	Signature	

CAPITAL AREA ANESTHESIA, P.C.

AUTHORIZATION AND WAIVER FOR RELEASE OF INFORMATION

This authorization and waiver is part of my written application for employment with Capital Area Anesthesia, P.C. ("CAAPC").

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose and provide to CAAPC any and all records and information in their possession about my employment or education (including disciplinary and other matters), personal background, and criminal proceedings. I authorize all educational institutions I have attended to disclose and provide to CAAPC any and all records and information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I authorize all licensing or credentialing organizations and agencies to disclose and provide to CAAPC any information regarding my professional or occupational licensing, training, employment, or motor vehicle licensing and record.

I waive any right to receive written or other notice from any such party of their disclosure or delivery of any information or documents to CAAPC, including but not limited to any rights to receive notice under Michigan's Bullard-Plawecki Employee-Right-To-Know Act or the federal Family Educational Rights and Privacy Act.

In exchange for their production of information and records to CAAPC, I waive and release all of my prior employers, all educational institutions, all law enforcement agencies, and all other organizations or agencies described above, from any liability or claim arising from or related to their disclosure and production of information or records to CAAPC, the content of such information or records, or any employment decisions made by CAAPC based on such information or records. I intend that this waiver and release will apply even if I believe that any of the information or records disclosed or provided to CAAPC contain statements, information or options that I consider to be false or erroneous.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name			
	(Please Print)		
Signature _		Date	

Signature				
* Employers specifical	ly excepted:			
For Employer Use Only				
Interviewed By:	Date:	Hired: Yes	No	
Starting Date:	Position:	Wage:		