

IMPORTANT: Please print answers to every question. Please understand that our acceptance of this application does not create an obligation for us to hire you or for you to accept employment from us. All information on this application will be treated confidentially. FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION FOR VARIOUS REASONS, INCLUDING RACE, COLOR, RELIGION, CREED, NATIONAL ORIGIN, AGE, SEXUAL PREFERENCE, OR ORIENTATION, GENDER OR DISABILITY.

**GATEWAY SURGERY CENTER EMPLOYMENT APPLICATION  
PERSONAL INFORMATION**

**Today's Date:** \_\_\_\_\_

Last Name	First Name	Middle Initial	Social Security Number	
Present Address	Apt. No.	City	State	Zip
Home Phone Number Area Code ( )	Alternate Phone Number Area Code ( )			

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 felony? (Do not answer "yes" if your official conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant for employment.) Yes  No   
If yes, please describe:

**JOB INTEREST**

Position Applying for:	Date Available:	Salary or Hourly Rate Desired
Days and times available:		
Are you applying for: Approx. how many hours/month are you interested?	Special Skills/Qualifications	
Hourly <input type="checkbox"/> Full-time <input type="checkbox"/> Salary <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	_____ _____ _____	

Are you employed now? Yes  No  If so, may we contact your present employer? Yes  No

Have you ever applied with our company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When ?
Have you ever worked for this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When ?

Reason for leaving?	Name of last supervisor at this company?
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How were you referred to this company? Current employee? (Name) \_\_\_\_\_  
Advertisement  School or college  Recruiter  Other (please specify)

**EDUCATION**

Type of School	Name and Location	Date last attended	Major field of study	Graduated	Credits or Degree obtained
High School last attended		XXXXX XXXXX		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade /Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT HISTORY

List below your employment history beginning with your most recent employer.

<b>Employer Name</b> _____ / <b>Supervisor name</b> _____ Address _____ Phone # _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<b>Dates of employment</b> From: _____ / _____ To: _____ / _____  <b>Salary History</b> Start: _____ End: _____
<b>Employer Name</b> _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<b>Dates of employment</b> From: _____ / _____ To: _____ / _____  <b>Salary History</b> Start: _____ End: _____
<b>Employer Name</b> _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<b>Dates of employment</b> From: _____ / _____ To: _____ / _____  <b>Salary History</b> Start: _____ End: _____
<b>Employer Name</b> _____ Address _____ Job Title & Description of Duties _____ _____ Reason for leaving _____	<b>Dates of employment</b> From: _____ / _____ To: _____ / _____  <b>Salary History</b> Start: _____ End: _____

### REFERENCES

List three references of non-related persons.

Name of Reference	Address	Telephone Number * required

### **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 the company, 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 the company. I authorize the company, should they employ me, to release employment references, if my employment becomes terminated for any reason. I also authorize the company 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.

The company 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.

The company has a firm commitment to its employees, customers and the public to provide the safest and most competent services possible. The nature of our businesses 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 company 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 30 days. After 30 days, if I wish to be considered for employment, I must contact the company to determine if applications are being accepted.

I have read, understand, and agree with this statement.

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APPLICANT'S SIGNATURE

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DATE

# Gateway Ambulatory Surgery Center

## AUTHORIZATION FOR BACKGROUND CHECK

I have carefully read and understand this notice and authorization form and I have read and understand the "Summary of Your Rights under the Fair Credit Reporting Act" provided with this form. By my signature below, I consent to the release of consumer and/or investigative consumer reports to the Company as described above and consistent with the requirements imposed on the Company as described in the Summary.

I understand that, to the extent allowed by law, information contained in my credentialing application or otherwise disclosed to the Company by me before, during or after my appointment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me.

I understand that if the Company grants privileges, it may request a consumer report and/or an investigative consumer report about me, to the extent allowed by law, for credentialing related purposes during and after my appointment dates. I understand that if credentialed by the Company my consent will apply throughout the entire time I am credentialed by the Company unless I revoke or cancel my consent by sending a signed letter to: Robert Bashore, Administrator, Gateway Surgery Center, LLC, 1025 Northeast Gateway Ct. NE, Concord, NC 28025.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male /Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\* Background checks are an Accreditation Association for Ambulatory Healthcare (AAAHC) requirement.



**DISCLOSURE REGARDING “INVESTIGATIVE CONSUMER REPORT” BACKGROUND INVESTIGATION**

**Gateway Ambulatory Surgery Center, LLC**, to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right, upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosure of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
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 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICANT COPY

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la  
Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

The federal Fair Credit Reporting Act (FCRA) promotes the 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **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 another 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 identity 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 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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 years old, or bankruptcies that are more than 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 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 your 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE 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" by Gateway Ambulatory Surgery Center, LLC ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. 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 **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com and/or Employer.** I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants 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.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

### PLEASE COMPLETE ALL FIELDS BELOW

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b> <small>check box if no middle name</small>
<b>Social Security Number*</b> ###-##-####	<b>Date of Birth*</b> month/date/year	<b>Email Address</b> <small>required</small>
<b>Driver's License Number</b>	<b>Issuing State*</b>	<b>Former Names/Aliases</b> <small>separate aliases with comma</small>

#### CURRENT ADDRESS

#### FORMER EMPLOYER

<b>Street</b>	<b>Apt/Unit</b>	<b>Company</b>	<b>City, State</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Position</b>
			<b>Dates of Employment</b>

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**