

Muskegon Surgical Associates, P.C.
APPLICATION FOR EMPLOYMENT
MUSKEGON SURGICAL ASSOCIATES, P.C. is an Equal Opportunity Employer

PERSONAL INFORMATION

Name _____
Last
First
Middle

Present Address _____
Street
State
Zip

Permanent Address _____
Street
State
Zip

Phone No. _____ Are you 18 years or older? Yes _____ No _____

Describe any U.S. Military Service:
branch, rank, nature and date of discharge. _____

Are you presently in the United States armed forces, active or reserve? If so, identify unit and any service obligations. _____

EMPLOYMENT DESIRED

Position	Date you can start	Salary desired
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Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to Muskegon Surgical Associates, P.C. before? _____ Where? _____ When? _____

Have you ever worked for Muskegon Surgical Associates, P.C. before? _____ Where? _____ When? _____

Relatives employed by the _____? Yes _____ Who? _____ No _____

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, explain. _____

If employed here, do you expect to work on any other job? Yes _____ No _____

If yes, give nature of work and amount of time it requires. _____

FORMER EMPLOYMENT - List below last four employers, starting with the most recent.

Date (Month & Year)	Name and Address of Employer	Position	Reason for Leaving
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____
From _____ To _____	_____	_____	_____

Describe fully the nature of the work in your present (or most recent) job. _____

Which of your jobs did you like best? _____

Why? _____

What special skills or knowledge do you have that will aid you in qualifying for employment? _____

EDUCATION

NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
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Grammar
School
High
School

College

Trade, Business or
Correspondence School

Subjects of Special Study
or Research Work

REFERENCES - Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Business	Telephone Number	Years Acquainted
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**In case of emergency
notify:**

Name	Address	Phone No.
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DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Hired: _____ Yes _____ No _____ Position _____ Dept. _____

Salary/Wage _____ Date Reporting to Work _____

Approved: 1. _____ 2. _____

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO
THESE TERMS OF EMPLOYMENT

I agree that my employment with Muskegon Surgical Associates, P.C. (“MSA” or “Practice”) will be at will and may be terminated by me or MSA at any time, with or without cause. I agree that no one other than an officer of MSA in a written contract has any authority to limit MSA’s right to terminate employment at will, or to offer employment other than on an at-will basis.

I certify that the facts contained in the Application are true and complete and that any falsification, misrepresentation or omission herein may result in refusal of, or immediate termination of my employment.

I agree that the contents of any office, locker or desk or equipment or other Practice property I may use, and any of my own property I bring onto MSA’s premises (including, without limitation, cars, packages, and purses), may be inspected by MSA at any time, and I waive any claims against MSA or its agents relating to such inspection.

I agree that I will not disclose to anyone or use for my own purposes any of MSA’s confidential or proprietary information, either during or after my employment, except at the request and for the benefit of MSA. I agree that information about MSA’s patients, vendors, sources of supply, pricing, costs, and other non-public financial information, products, services, methods of operation, marketing, engineering methods, production, and the like is confidential and proprietary information that belongs to MSA. If my employment with MSA ends, I will not retain any copies or summaries of any such information, but will promptly return all such information to MSA. I also agree that I will disclose and assign to MSA any invention, design or process that I conceive or develop while employed by MSA relating to MSA’s business or to any product or service offered or being developed by MSA, and that all such inventions, designs or processes belong to MSA.

I agree to submit to physical examinations permitted by law before and during my employment at the request and expense of MSA, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of MSA, I will cooperate in such lawful medical tests (including blood, urine or other testing) as MSA requests to check for drugs or alcohol in my system. I waive any claims against MSA or its agents or any testing agency retained by MSA or its agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that except as prohibited by statute, MSA may, during or after my employment, request, disclose or discuss any information or opinions relating to me, my employment or my employment history from or to employees of MSA or third parties. I waive written or other notice of any such disclosure, including disclosure of disciplinary matters, and I waive any claims against MSA or its agents relating to any such disclosure or discussion.

I also agree that except for claims that must be filed with the EEOC and lawsuits requiring a Notice of Right to Sue from the EEOC, which must be filed within the time periods specified by law, any other claim or lawsuit arising out of my employment with, or my application for employment with, MSA or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. This includes employment-related claims or lawsuits against MSA’s owners, officers, employees and agents. I likewise agree that I will not join in any claim or lawsuit brought by any agency, other employee, or a third party that relates to any employment action relating to me and that occurred more than six (6) months prior to my joining. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth in this paragraph and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. I also waive any right to a jury trial in connection with any employment-related claims I may bring against MSA. I understand that this means that even if the law would give me the right to have a jury decide my claims, I am freely and knowingly waiving that right and agree to have my claims decided by a judge instead. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

I agree that I will be bound by and will adhere to any other rules and policies issued by MSA, including all rules and policies contained in MSA’s employee handbook.

I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity will not affect the validity of the rest of this agreement, and such term shall be

limited to allow its enforcement as far as legally possible. I agree that no one other than an officer of MSA, by a written directive, has any authority to modify the above terms of employment, or to make any exception to them, or to offer employment on any other terms.

Date: _____

Signature of Applicant _____

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AUTHORIZATION AND WAIVER

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information about me to give Muskegon Surgical Associates, P.C. any information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, including notice of disclosure of disciplinary matters, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Muskegon Surgical Associates, P.C. any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver will be valid as an original.

Date: _____ Signature of Applicant: _____