

SymbionARC Management Services, Inc.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION

It is the policy of SymbionARC Management Services, Inc. to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, sex, age, national origin, disability or handicap, or veteran status.

This application will be given every consideration, but its receipt does not imply that there are any positions open, or that an applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by SymbionARC Management Services, Inc., Inc. will be considered for employment. Should more than one qualified person make application, SymbionARC Management Services, Inc. reserves the right to select the applicant, in its opinion, with the best qualifications.

A clear understanding of your background and work history will aid us in assessing your qualifications. An incomplete application may be rejected. Please PRINT all information in a legible form using ink.

Name

Last

First

Middle

Other names used in prior employment: _____

Present
Address:

Number

Street

City

State

Zip

How long have you lived at this address? _____

Telephone Number:

Social Security No.

Area Code

Number

Position Applied For: _____

Are you able to perform all the job-related functions of the job? Yes No

If no, please describe _____

Have you ever been convicted of anything other than a minor traffic violation? _____ If yes, explain: _____

(Conviction of such a crime does not constitute an absolute bar to employment)

Do you have any relatives currently working for SymbionARC Management Services, Inc. or any of its affiliated companies?

Yes No If yes, please list the name(s): _____

EDUCATION

School	Name & Address of School	Year Graduated College or Other	Highest Grade Completed	Course of Study	Diploma or Degree
High School					
College					
Other (Specify)					

Have you served in the U.S. Armed Forces? Yes _____ No _____

Did you receive any special training? _____

If so, explain _____

For Administrative Personnel:

Typing _____ wpm Shorthand _____ wpm Dictating Equipment _____ wpm 10 Key _____

With what software are you proficient?

Word Perfect _____

Microsoft Office _____

SIS _____

Other _____

For Professional Personnel Only:

Shift Availability (check one) Day _____ Evening _____ Night _____

Licensed As:

State _____ Current License No. _____

State _____ Current License No. _____

State _____ Current License No. _____

Have any license privileges been suspended or revoked?

If so, why and where? _____

EMPLOYMENT RECORD

Starting with Present or Most Recent, list all previous employers. Include self-employment, summer, part-time jobs and any period of unemployment. If you need more space, please continue on a separate sheet. Please indicate any change of name or assumed name used in work experiences. Any gaps in information will cause this to be rejected as an incomplete application.

1.

Name & Address of Company: _____ _____	Employed from _____ to _____ (month/year) (month/year)
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

2.

Name & Address of Company: _____ _____	Employed from _____ to _____ (month/year) (month/year)
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

3.

Name & Address of Company: _____ _____	Employed from _____ to _____ (month/year) (month/year)
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

4.

Name & Address of Company: _____ _____	Employed from _____ to _____ (month/year) (month/year)
	Position Held _____
	Name of Supervisor _____
	Description of Duties _____
Phone: _____	
Ending Salary \$ _____	
Reason for leaving _____	

If you are now employed, may we contact your employer? Yes _____ No _____

Are you now or have you ever been employed by SymbionARC Management Services, Inc.? _____ If so, when and where? _____

If presently employed, why do you desire to change your position? _____

PERSONAL REFERENCES

Name of three persons, not relatives, who may be contacted at the present time.

Name	Address	Telephone Number	Occupation

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named, or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested.

In the event of my employment in a position at SymbionARC Management Services, Inc., I will comply with all rules and regulations as set forth in SymbionARC Management Services, Inc.'s policy manual or other communications distributed to all employees. If a job offer is made, I agree to complete a health evaluation which may include a physical examination by a doctor selected by SymbionARC Management Services, Inc. (at SymbionARC Management Services, Inc.'s expense). Additionally, I authorize SymbionARC Management Services, Inc. to supply my employment record in whole or in part to only those agencies having legal and proper interest. Also, in the event of my employment by SymbionARC Management Services, Inc., I grant permission to use my photograph in connection with its advertising and public relations programs.

I hereby certify that I have read all the above statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions may be grounds for refusal to hire, or for immediate dismissal. I certify that I am at least 18 years old and am legally authorized to work in the United States.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between SymbionARC Management Services, Inc., the facility and myself for either employment or the providing of any benefit. I further understand that if I am employed by SymbionARC Management Services, Inc. (or any of its subsidiaries), that my employment will be for no definite term (at-will) and that either I or SymbionARC Management Services, Inc. (or any subsidiary) will have the right to terminate the employment relationship at any time, with or without cause. I also understand that this status can only be altered by a written contract of employment which is specific to all material terms and is signed by me and a senior officer of SymbionARC Management Services, Inc.

I understand that as a condition to this application and any employment with SymbionARC Management Services, Inc., I may be required to submit to testing for the presence of drugs. I hereby consent to such testing. I further acknowledge that no promises regarding employment have been made to me, and that no promise or guarantee is binding upon the employer unless made in a written contract of employment as described above.

Applicant's Signature

Date

CONSENT AND DISCLOSURE

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Applicant's First Name or Initial

Last Name

I understand that SymbionARC Management Services, Inc., Symbion Ambulatory Resource Centres, Inc., the Central Park Surgery Center, and all their affiliates, subsidiaries, parents, partners and joint ventures, ('COMPANY') will utilize the services of STERLING INFOSYSTEMS, INC. DBA STERLING TESTING SYSTEMS, INC., 249 West 17th Street, New York, NY 10011 ('STERLING'), as part of the procedure for processing my application for employment. I also understand that if my application for employment is granted, COMPANY may obtain further information through subsequent investigations by STERLING so as to update, renew or extend my employment, to the extent permitted by law.

I understand a consumer reporting agency's investigation may include obtaining information regarding bankruptcies covering up to the last ten (10) years, obtaining information regarding civil suits, civil judgments, arrest records, and paid tax liens covering up to the last seven (7) years, obtaining information regarding any other adverse item of information covering up to the last seven (7) years and obtaining information regarding references and educational and employment verifications without any time limitations, subject to any limitations or exceptions applicable under state and federal law. The investigation also may include obtaining information relating to criminal records without any time limitations, subject to state law.

In the event an investigative consumer report is conducted, I understand such information may be obtained by personal interviews with my acquaintances or associates or with others whom I am acquainted or who may have knowledge concerning my character, general reputation, personal characteristics or standard of living. I understand such information may also be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five days after the COMPANY receives my request or five days after the investigative consumer report was requested, whichever is later.

By filling in this circle, I indicate that I wish to receive further disclosure about the nature and scope of any COMPANY request for an investigative consumer report.

I acknowledge that I have received the attached summary of my rights under the Fair Credit Reporting Act

I also understand that before I am denied employment based, in whole or part, on information obtained in the consumer report and/or investigative consumer report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act. I understand if I disagree with the accuracy of any information in the report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of the information contained in this report with STERLING and advise COMPANY as to the basis of my challenge.

In exchange for COMPANY's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against STERLING for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against COMPANY or any of its employees, representatives, or agents or any person, business entity or government agency arising out of or in any way related to conducting a background investigation.

I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any entity which may provide information based on this authorized request.

I hereby consent to this investigation and authorize COMPANY to procure a consumer report and/or investigative consumer report on my background as stated above from STERLING. Further, I consent to disclosure to Company of any relevant information by any person, business entity or governmental agency. In order to verify my identity for purposes of the background investigation I am voluntarily releasing my date of birth, social security and the other information below for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons. I certify that the information contained on this Consent and Disclosure form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Minnesota & Oklahoma Applicants Only: I have the right to request a copy of the consumer report obtained by COMPANY from STERLING by filling in the circle below. STERLING will mail the consumer report directly to me.

Minnesota Applicants Only: I have the right to make a written request to the consumer reporting agency to provide me with a complete and accurate disclosure of the nature and scope of any consumer report obtained by COMPANY from STERLING.

I wish to receive a copy of the consumer report. (Fill in the circle only if you are a Minnesota or Oklahoma applicant and wish to receive a copy)

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

- Have you ever been convicted of a crime or convicted in a military court martial?
This includes, but is not limited to, convictions for DUI, reckless driving, driving on a suspended license & bad checks.
- Have you ever been sanctioned or had your licenses suspended or revoked?
- Are you currently under any investigation or pending charge?

Yes ___ No ___

Yes ___ No ___

Yes ___ No ___

Signature

Today's Date (MMDDYYYY)

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

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 <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **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 identify 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, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> 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 <http://www.ftc.gov/credit> 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.ftc.gov/credit.

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.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING

PLEASE CONTACT

Consumer reporting agencies, creditors and others not listed below

Federal Trade Commission
Consumer Response Center- FCRA
Washington, DC 20580 - 877-382-4357

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 D.C. 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 - 703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 - 877-275-3342

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