



SASA
SAN ANTONIO
SURGICAL ASSISTANTS, INC.

SAN ANTONIO SURGICAL ASSISTANTS, INC.

540 Madison Oak Drive, Suite 610
San Antonio, TX 78258

P: (210) 352-5346

F: (210) 352-5367

info@sasurgical.com

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

NAME: Last		First		Middle		Date
PRESENT ADDRESS: Street & Number		City		State		Zip
HOME NUMBER: CELL NUMBER:		E-MAIL ADDRESS:		NPI:		
DATE OF BIRTH: PLACE OF BIRTH:		REQUESTED DATE TO START EMPLOYMENT: ____/____/____		SSN:		
EMPLOYMENT DESIRED:		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	ARE YOU WILLING TO WORK OVERTIME/CALL? Yes <input type="checkbox"/> No <input type="checkbox"/>	
HOW WERE YOU REFERRED TO THIS ORGANIZATION? <i>(Please be specific)</i>				IF HIRED, CAN YOU PRODUCE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY TO, A FELONY OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE EXPLAIN:						

EDUCATIONAL PROGRAM	Name of School City, State	Begin / End Mo / Year	Course of Study	Graduate?	List degrees, certification, or number of hours
High school or GED		/		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Education <input type="checkbox"/> COPY OF DIPLOMA/ CERT		/		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Post-Secondary Education <input type="checkbox"/> COPY OF DIPLOMA/ CERT		/		Yes <input type="checkbox"/> No <input type="checkbox"/>	
CAAHEP SFA Program <input type="checkbox"/> COPY OF CERTIFICATE		/		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Training <input type="checkbox"/> COPY OF DD214		/		Yes <input type="checkbox"/> No <input type="checkbox"/>	

LICENSURE/CERTIFICATION: (Please provide a copy of each licensure/certification)	
<input type="checkbox"/> NBSTSA – CSFA <input type="checkbox"/> ABSA – SA-C <input type="checkbox"/> NCCSA – CSA <input type="checkbox"/> TMB – LSA <input type="checkbox"/> RNFA <input type="checkbox"/> PA-C <input type="checkbox"/> FNP-C Certificate/License # _____	
ALL PROFESSIONAL OR TECHNICAL TRAINING RELATED TO SURGICAL ASSISTING (Robotics course, Vein Harvesting Course, etc.)	
SKILLS: <input type="checkbox"/> BCLS – EXPIRES: ____/____/____ <input type="checkbox"/> ACLS – EXPIRES: ____/____/____ <input type="checkbox"/> PALS – EXPIRES: ____/____/____ (Provide a copy of each certificate of training)	
ARE YOU CURRENTLY COVERED WITH LIABILITY INSURANCE TO PROVIDE SERVICES AS A SURGICAL ASSISTANT? <input type="checkbox"/> Yes <input type="checkbox"/> No EXPIRES: _____ POLICY NUMBER: _____	
COMPANY NAME: _____ COVERAGE AMOUNT: _____	
HAVE ANY JUDGMENTS/SETTLEMENTS BEEN MADE AGAINST YOU IN PROFESSIONAL LIABILITY CASES, OR ANY CASES PENDING? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN:	
HAS YOUR PROFESSIONAL LIABILITY INSURANCE COVERAGE EVER BEEN TERMINATED BY ACTION OF INSURANCE AGENCY? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN:	

FACILITY SPONSORING PHYSICIAN:

CURRENT FACILITY PRIVILEGES:

<input type="checkbox"/> Baptist Health System	<input type="checkbox"/> Methodist Health System	<input type="checkbox"/> South Texas Spine & Surgical Hospital
<input type="checkbox"/> Christus Santa Rosa Health System	<input type="checkbox"/> Nix Hospital	<input type="checkbox"/> Southwest General Hospital
<input type="checkbox"/> Cumberland Surgical Hospital	<input type="checkbox"/> Orthopaedic Surgery Center	<input type="checkbox"/> Stone Oak Surgery Center
<input type="checkbox"/> Foundation Hospital	<input type="checkbox"/> Physician Ambulatory Surgery Centers	<input type="checkbox"/> St. Raphael's Surgery Center
<input type="checkbox"/> Methodist Ambulatory Surgery Centers	<input type="checkbox"/> Resolute Health Hospital – New Braunfels	<input type="checkbox"/> Texas Center for Athletes (TCA)
		<input type="checkbox"/> _____

WORK EXPERIENCE: List all Full-Time Part-Time positions held covering the past 5 years (use additional sheet if necessary)

NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							

NAME AND ADDRESS OF PREVIOUS EMPLOYER	DATES OF EMPLOYMENT		JOB TITLE	MONTHLY RATE OF PAY		SUPERVISOR'S NAME & PHONE	MAY WE CONTACT?
	FROM Mo/Yr	TO Mo/Yr		Start	End		
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary							
Reason for Leaving:							

PROFESSIONAL REFERENCES At least two should be peers (same certification/license if applicable)

Name/Title	Position/Relationship	E-mail	Phone & Fax
1.			
2.			
3.			

I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize San Antonio Surgical Assistants, Inc. to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should investigation disclose any such misrepresentations or falsification, my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand that San Antonio Surgical Assistants, Inc. is an equal opportunity employer and that employee selection is based solely on the personal qualifications of applicants and their previous performance. In the event of my employment with San Antonio Surgical Assistants, Inc., I will comply with all rules, regulations, and policies set forth in the San Antonio Surgical Assistants, Inc. policy manual or other communications distributed by San Antonio Surgical Assistants, Inc. I understand that nothing in this employment application, in San Antonio Surgical Assistants, Inc.'s policy statements or personnel guidelines, or in my communications with San Antonio Surgical Assistants, Inc. is intended to create an employment contract between San Antonio Surgical Assistants, Inc. and me. I also understand that San Antonio Surgical Assistants, Inc. has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon San Antonio Surgical Assistants, Inc. unless it is made in writing and signed by San Antonio Surgical Assistants, Inc. management. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that San Antonio Surgical Assistants, Inc. retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

Applicant Signature _____ Date: _____