



Colorado Anesthesia Services, LLC

<p>For Official Use Only Date Received: _____, 20__</p> <p>Reviewed by: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<u>APPLICATION</u>		
Colorado Anesthesia Services, LLC does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or any other prohibited basis of discrimination as provided under applicable state and federal law.		
Position(s) Applying For:		
Background Information		
Name	Telephone Number () -	
Street Address	Fax Number () -	
(City, State, Zip Code)	E-mail Address	
Type of License: <input type="checkbox"/> Colorado RN <input type="checkbox"/> Colorado APN <input type="checkbox"/> Other		
Certifications: <input type="checkbox"/> NBCRNA <input type="checkbox"/> ACLS <input type="checkbox"/> BLS <input type="checkbox"/> PALS <input type="checkbox"/> Other		
SSN :	DOB:	POB:

Additional Information

Are you legally eligible for work in the U.S.A.? Yes No *(if yes, verification will be required)*

Have you ever contracted with Colorado Anesthesia Services, LLC before? Yes No
 If yes, when?

Do you require special accommodations Yes No *(if yes, verification will be required)*

Schedule

Hours available _____ (Per/week): Days available: Mon Tue Wed Thu Fri
 Sat Sun

Are there any holidays you are not able to work?

Previous Positions

**Please begin with most recent*

Company: _____ Address: _____ Contact: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Company: _____ Address: _____ Contact: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Company: _____ Address: _____ Contact: _____ Telephone: () _____ - _____	Dates of Employment: _____, _____ to _____, _____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:

Professional References			
Name		Title	Contact Info
Emergency Contact			

Signature / Certification	
<p>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for immediate denial of my appointment or removal from consideration or, if I have entered into a contract with this company, for immediate termination of that contract.</p> <p>I authorize Colorado Anesthesia Services, LLC to make any necessary inquiries and investigations necessary to establish hospital and managed care credentialing and privileging into my education, references, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Colorado Anesthesia Services, LLC by any of the schools, services, or employers listed on this application.</p>	
Signature:	Date: