

ADVANCED ORTHOPEDIC CENTER
Application for Employment

PLEASE READ CAREFULLY * PLEASE PRINT * ANSWER ALL QUESTIONS

Section I

Today's Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Current Address: _____

City, State and Zip Code: _____

Home Phone: _____ Phone for Message: _____

Email: _____

Section II

Position Desired: _____ Direct Experience? Yes___ No___

FT _____ PT _____ Date Available for Work: _____

Are you 18 years of age or older? (Child labor law requirement) Yes___ No___

Have you been employed by us before?, If so: Dates: _____

Reason for Leaving: _____
 Name (if different): _____

Section III

Do you have any friends or relatives working for us? If so: Name _____

How did you learn of this opening? _____

Section IV

Educational Background:

1. Name of High School: Address:	# of Years Completed _____	Did you Graduate? _____
2. Name of College/Univ. Address:	# of Years Completed _____	Did you Graduate? _____ Major?: _____

3. Other Schooling:		
Address:		

Section V

List all Professional Licenses/Certificates:

Expiration Date (if applicable): _____

Has your professional license/certification ever been suspended, revoked or withdrawn for any reason? If so, explain:

Section VI

PLEASE LIST ALL PAST EMPLOYMENT, IF NECESSARY, ATTACH ADDITIONAL PAPER

Start with your most recent job first. Include any military service assignments.

List any other names used in past employment: _____

Employer/Company: _____ Start Date: _____ Salary/Hrly Rate: _____

Address: _____ Term Date: _____ FT ___ PT ___

 Job Description: _____

Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____

Employer/Company: _____ Start Date: _____ Salary/Hrly Rate: _____

Address: _____ Term Date: _____ FT ___ PT ___

 Job Description: _____

Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____

Employer/Company: _____ Start Date: _____ Salary/Hrly Rate: _____

Address: _____ Term Date: _____ FT ___ PT ___

Job Description: _____

Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____

Employer/Company: _____ Start Date: _____ Salary/Hrly Rate: _____

Address: _____ Term Date: _____ FT ___ PT ___

Job Description: _____

Telephone Number: _____

Job Title: _____ Reason for Leaving: _____

Supervisor: _____

Have you ever been asked to resign from any job? Yes ___ No ___

If Yes, please explain: _____

Have you ever left a job without notice? Yes _____ No _____

Are there any employers listed above that cannot be contacted by us? If so, who:

SECTION VII

Summarize special job related skills and qualifications acquired from employment or other life experiences:

SECTION VIII

REFERENCES (NOT RELATED TO YOU):

1. _____ Years Known: _____ Telephone: _____
2. _____ Years Known: _____ Telephone: _____
3. _____ Years Known: _____ Telephone: _____

SECTION IX

Person(s) to notify in case of emergency:

1. _____ Relationship: _____ Telephone: _____
2. _____ Relationship: _____ Telephone: _____

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APPLICANT'S AGREEMENT

To help establish my eligibility for employment, I hereby authorize Advanced Orthopedic Center, to conduct a background check and to request and receive appropriate reports which may include information as to my character, general reputation, personal characteristics and mode of living. The request of an applicant's social security number is to verify identity, employment history and eligibility under immigration law. (Any credit investigation will be conducted in accordance with the Fair Credit Reporting Act.)

I authorize any former employer to release information and documentation of my former employment, education, or other history which is deemed relevant to my application for employment, and I hereby release all such providers of information from any liability in connection therewith.

I understand that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check. I acknowledge that any offer of employment is subject to withdrawal at any time.

If employed, I agree to observe any and all policies, practices, and rules of the organization, which may be amended from time to time. Violation of any such policy, practice or rule may subject me to disciplinary sanctions including dismissal.

If employed, I hereby consent to any required security investigation. Refusal to cooperate with or submit to any lawful security investigation may be grounds for dismissal.

I understand that any employment with the organization is an at-will relationship, meaning that the employment relationship can be terminated at any time for any reason by the organization or myself. The at-will employment relationship may not be modified nor can any contract relating to employment be entered into except by the Owners of the organization in writing.

I certify that the information provided in this application is correct to the best of my knowledge. I understand that if any statements made by me, either in this application or otherwise, are found to be false or misleading in any way, either because of the nature of the statements themselves or because of omitted information which makes any such statements false or misleading, my application may be excluded from further consideration or, if employed, I may be subject to dismissal.

Applicant's Signature: _____ Date: _____

It is the policy of Advanced Orthopedic Center, that equal employment opportunity be available to all without regard to race, color, religion, national origin, sex, age, disability or marital status.