

SPINE & ORTHOPAEDIC MEDICAL CENTER

EMPLOYMENT APPLICATION

The Spine & Orthopaedic Medical Center is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL			
Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message # ()
Position Applied For		Referred By	Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s) & location(s)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

EDUCATION					
Circle Highest Grade Completed:	High School	9	10	11	12
	College, Trade or Business	1	2	3	4
	Graduate Studies	_____			
School	Address	Major Studies		Degree, Diploma, License or Certificate	
High School					
College/University					
Vocational, Business, Other					

List Any Professional Designations
Other Special Knowledge, Skills or Qualifications

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime?
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A “yes” response does not automatically disqualify your application.)

Please provide at least three (3) personal and/or professional references:

Name of reference: _____ Phone number: _____

Name of reference: _____ Phone number: _____

Name of reference: _____ Phone number: _____

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Spine & Orthopaedic Medical Center to perform a complete background check. I understand that the company will inquire into my educational and employment history and my personal and professional references, as needed, in order to research my qualifications for this position. I have been notified that the company will verify information that I have provided in connection with my application for employment.

I hereby give consent to any former employer to provide employment-related information about me to the Spine & Orthopaedic Medical Center, and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that nothing in this employment application, the granting of an interview, or my subsequent employment with the Spine & Orthopaedic Medical Center is intended to create an employment contract between myself and the Spine & Orthopaedic Medical Center under which, my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will, and may be terminated by the Company or myself at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Applicant's Name (print): _____

Signature

Date