

SportsMedicine GRANT

& ORTHOPAEDIC ASSOCIATES

EMPLOYMENT APPLICATION

We are an equal opportunity employer M/F/D/V
This application and all information contained herein is the sole property of the company

**EMPLOYMENT APPLICATION
BIOGRAPHIC DATA**

PLEASE PRINT OR WRITE NEATLY IN INK. DO NOT TYPE.

NAME (First) _____ (Middle) _____ (Last) _____			SOCIAL SECURITY # _____	
CURRENT ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
HOME TELEPHONE _____	For the purpose of verifying prior employment and educational background, please indicate any other name under which you worked or attended school: _____			
The Federal Government mandates the hiring of U.S. citizens and/or authorized aliens only. This company retains the right to refuse/terminate employment if proper identification is not presented to the Human Resources Department.			Do you have the legal right to remain and work in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you previously applied to this company or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" when? _____		Have you ever been employed by this company or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" when? _____ Which office? _____		
Do you have any relatives employed at this company or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", list name(s) _____ Relationship: _____				
Have you been convicted of a felony within the last 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", please explain _____				
How were you referred to Company? (please check) <input type="checkbox"/> Direct Application <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____ (Check One) <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Internet <input type="checkbox"/> Magazine <input type="checkbox"/> Radio <input type="checkbox"/> Employee Referral (name): _____				
Position(s) Desired _____	Location(s) Desired _____	Wage/Salary Desired <input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per year	When can you start working? _____	
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On Call <input type="checkbox"/> Weekends <input type="checkbox"/> Summer Only			Shift Desired <input type="checkbox"/> Days <input type="checkbox"/> Evenings	
Some positions require overtime, evenings, and/or weekends. Can you work those hours if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certain positions require a valid driver's license and proof of insurance. DL# _____ Exp. _____		Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR PROPER EVALUATION, IT IS ESSENTIAL THAT ALL THE FOLLOWING QUESTIONS BE ANSWERED ON THIS APPLICATION. RESUMES MAY BE USED TO SUPPLEMENT THIS INFORMATION.

EDUCATIONAL BACKGROUND

Name	City	State	Major Course of Study	Circle Last Year Successfully Completed	Date Completed	Diploma or Degree	Scholastic Average
High School or Preparatory				1 2 3 4			
College				1 2 3 4			
Graduate				1 2 3 4			
Additional Education				1 2 3 4			

ADDITIONAL SKILLS AND ACTIVITIES

Office Machines Operated. _____		Typing Speed _____	WPM _____
10 Key Adding Machine _____ Dictaphone _____ P.C. _____ Fax _____ Other _____			
Specialized Skills Computer Scheduling _____ Procedure Scheduling _____ Experience Pre-coring _____		Computer Software Used: Windows _____ Word _____ PowerPoint _____ Excel _____ Lotus _____ Access _____ Other _____	
Please list any other skills that you feel would enhance your application for employment (including foreign languages that you read, write, or speak). _____		List any licenses, certificates, professional achievements, or organizational memberships (excluding ones which indicate race, religion, national origin, age, ancestry, physical or mental disability or other protected status). _____	

EMPLOYMENT HISTORY

Important	List all employment within the last 10 years, including part-time and summer employment, whether or not it seems relevant to the position for which you are applying (attach paper if necessary). Please complete even if you have submitted a resume.		
Current or Most Recent Employer			
Name of Employer		If you are employed now may we call you at work with discretion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		
Next Previous Employer			
Name of Employer		(Area Code)	Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		
Next Previous Employer			
Name of Employer		(Area Code)	Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		

ADDITIONAL DETAILS

Please explain any gaps in employment or provide additional information which would be helpful to us and relevant to this application.

MILITARY EXPERIENCE

U.S. MILITARY BRANCH	ACTIVE DUTY ENTRY DATE	DISCHARGE DATE	TRAINING SPECIALTY
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REFERENCES

LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE (3) PROFESSIONAL REFERENCES, WHO ARE NOT RELATED TO YOU, WHO CAN COMMENT ON YOUR WORK PERFORMANCE.

1. _____

2. _____

3. _____

In filling out this application, I understand that if I am offered and accept employment I will be employed at the will of the Company for an indefinite period. Accordingly, I understand that I may resign from the Company at any time, for any reason, and may be terminated by the Company at any time, for any reason.

I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications which may include academic credentials, licenses, professional designations, and employment history. I authorize Company to contact any of my schools or former employers. I authorize any former employer(s) and school(s) and their agents to provide such information and agree to hold them harmless from all liability arising out of providing such information.

I further understand that employment may be contingent upon a pre-employment drug or alcohol screen. In addition, a criminal background investigation may be conducted.

In order to maintain a healthy work environment for all associates, Company is a smoke free workplace. I understand that smoking is prohibited in all offices.

I hereby certify that the information contained in this Employment Application and on my resume, if applicable, is true and accurate. I understand that if I become employed, any misrepresentation and/or omission of any facts on this Employment Application and/or resume is sufficient cause for summary dismissal when it is discovered.

Signature of Applicant _____ Date _____

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