

# NORTHWEST ORTHOPAEDIC SPECIALISTS, P.S.

## EMPLOYMENT APPLICATION

### Applicant Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States?  NO  YES If no, are you authorized to work in the U. S.?  NO  YES

Have you ever worked for this company?  NO  YES If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony?  NO  YES

If yes, explain: \_\_\_\_\_

### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  NO  YES Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  NO  YES Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  NO  YES Degree: \_\_\_\_\_

### References

*Please list three professional references:*

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference:  NO  YES

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference:  NO  YES

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Ending salary: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference:  NO  YES

## Military

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
If other than honorable, please explain: \_\_\_\_\_

## Disclaimer and signature

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by one of the employer's Chief Officers.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete a I-9 Form in this regard.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_