



Employment Application

We are an equal opportunity employer and afford equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Initial
Address		City	State
Zip Code			
Telephone Number		E-mail Address:	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____			
<input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to Non-Surgical Orthopaedics, PC before? YES NO
(If yes, please give date: _____)

Have you ever worked for Non-Surgical Orthopaedics, PC before? YES NO
(If yes, please give date: _____)

Have you ever been convicted of a felony? *(Note: Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness in time and rehabilitation will be taken into account in determining effect on suitability for employment.)* YES NO
If yes, please explain, including date(s) of conviction:

Is anyone related to you employed by Non-Surgical Orthopaedics, PC? YES NO
If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO
If yes, please explain:

On what date would you be available to work? _____

Days and Hours Available: *(If employed, I will notify my supervisor in writing, should my availability change.)*

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, licenses or skills.

EMPLOYMENT HISTORY *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment, attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Non-Surgical Orthopaedics, PC.)*

Name of Firm/Business: _____

Address: _____

Name of Supervisor: _____ **Phone Number:** _____

Nature of Business: _____

Dates of Employment: From- _____ **To-** _____

Position(s) Held: _____

Starting Salary: _____ **per** _____ **Ending Salary:** _____ **per** _____

Duties: _____

Reason for Leaving: _____

May we contact this employer for a professional reference? Yes **No**

Name of Firm/Business: _____

Address: _____

Name of Supervisor: _____ **Phone Number:** _____

Nature of Business: _____

Dates of Employment: From- _____ **To-** _____

Position(s) Held: _____

Starting Salary: _____ **per** _____ **Ending Salary:** _____ **per** _____

Duties: _____

Reason for Leaving: _____

May we contact this employer for a professional reference? Yes **No**

Name of Firm/Business: _____

Address: _____

Name of Supervisor: _____ **Phone Number:** _____

Nature of Business: _____

Dates of Employment: From- _____ **To-** _____

Position(s) Held: _____

Starting Salary: _____ **per** _____ **Ending Salary:** _____ **per** _____

Duties: _____

Reason for Leaving: _____

May we contact this employer for a professional reference? Yes **No**

Name of Firm/Business: _____
Address: _____
Name of Supervisor: _____ **Phone Number:** _____
Nature of Business: _____
Dates of Employment: From- _____ **To-** _____
Position(s) Held: _____
Starting Salary: _____ **per** _____ **Ending Salary:** _____ **per** _____
Duties: _____

Reason for Leaving: _____
May we contact this employer for a professional reference? Yes **No**

Please provide any other information that you feel will help us in considering your application for employment.
 Please use separate sheet if necessary.

REFERENCES (Please list three persons, preferably previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Non-Surgical Orthopaedics, PC that such employment with Non-Surgical Orthopaedics, PC is at will, for no specified duration and may be terminated by either Non-Surgical Orthopaedics, PC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Non-Surgical Orthopaedics, PC or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Non-Surgical Orthopaedics, PC, if employed, I agree to conform to the rules, regulations, policies and procedures of Non-Surgical Orthopaedics, PC, at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Non-Surgical Orthopaedics, PC attendance and punctuality are considered essential requirements of every job at Non-Surgical Orthopaedics, PC, and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Non-Surgical Orthopaedics, PC, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I also understand that I will be required to submit professional references as a condition of an offer of employment at Non-Surgical Orthopaedics, PC. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Non-Surgical Orthopaedics, PC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

Name

Phone Number

NON-SURGICAL ORTHOPAEDICS, PC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.



AUTHORIZATION FOR BACKGROUND CHECK

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize Non-Surgical Orthopaedics, PC to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Non-Surgical Orthopaedics, PC an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I understand that no investigation will be conducted before an offer of employment with Non-Surgical Orthopaedics, PC is extended and I have accepted said offer of employment. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signature of Employee

Date

Employee's Name - Printed