



ADVANCED ORTHOPAEDIC CENTERS

APPLICATION FOR EMPLOYMENT

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER
PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY AND
ACCURATELY**

NAME:			
Last	First	Middle	
ADDRESS:			
Street Number	City	State	Zip
Telephone No.	Social Security No.		Position Sought:
PREVIOUS ADDRESS:			
Street Number	City	State	Zip
Full Time ()	Part Time ()	Temporary ()	
Wage/Salary			
Desired: \$	/hr		
Identify relevant skills or training you have or equipment you can operate:			
Have you been employed with or applied for employment with this Company before? Yes No			
Are you over age 18?	Yes	No	Were you referred here? How?
Are you over age 16?	Yes	No	
List the names of any friends or relatives who work for the Company:			
Name			
Relationship			
Name			
Relationship			

REFERENCES: Name	Address and Telephone No.	Relationship to You	Occupation
1.			
2.			
3.			

EDUCATION Institution Name	Address	Years Complete (circle)	Degree
High School:		9 10 11 12	
College:		1 2 3 4	
Graduate Work:		1 2 3 4	
Other:		1 2 3 4	

Only US Citizens or aliens who have a legal right to work in the US are eligible for employment. Can you, upon employment, submit documentation of your identity and your legal right to work in the US? Yes No

EMPLOYMENT HISTORY: List all positions held starting with the most recent. Use additional pages if needed.

Employer Name/Address	Dates of Employment	Other Information	
Name	From: to	Duties:	
Address:	Salary: \$		
		Reason left:	
Telephone:		Title:	Supervisor:
			May we contact this person?
Name	From: to	Duties:	
Address:	Salary: \$		
		Reason left:	
Telephone:		Title:	Supervisor:
			May we contact this person?
Name	From: to	Duties:	
Address:	Salary: \$		
		Reason left:	
Telephone:		Title:	Supervisor:

		May we contact this person?
Name	From: to	Duties:
Address:		
	Salary: \$	
		Reason left:
Telephone:	Title:	Supervisor:
		May we contact this person?

Have you ever been convicted of a major crime (felony) or pled no contest to a crime?
 YES NO

If YES, please state the type of crime and the circumstances with regard to each, including date of the conviction or plea and the penalty, if any, imposed by the court (please ask for additional paper if you need more space).

Have you ever been terminated from a position for a HIPAA violation? YES NO

If YES, please explain: _____

Have you ever been terminated from a position due to drugs and/or alcohol abuse? YES NO

If YES, please explain: _____

NOTE: Answering YES to any of these questions may not necessarily disqualify you from the position you desire. Each action and explanation will be weighted/considered in relationship to the position for which you are applying.

I attest to the truthfulness of any and all information and answers provided above. Any false or misleading statements will be grounds for denial of employment or discharge. I understand that the company will be checking into my references and employment background. I authorize the Company to do so and release from liability anyone giving or obtaining such background information. This application does not constitute a contract of employment or an indication that any jobs are available. Any employment with the Company is at-will, meaning the employer or employee can end the employment relationship at any time for any or no reason and with or without notice. My signature below verifies that I have read and understand the foregoing statements.

Signature: _____ Date: _____