



THE ORTHOPEDIC CLINIC ASSOCIATION, P.C.

APPLICATION FOR EMPLOYMENT

The Orthopedic Clinic Association considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. This policy governs all areas of employment at The Orthopedic Clinic Association, including recruiting, hiring, training, assignments, promotions, compensations, benefits, discipline and terminations. **PLEASE COMPLETE THE ENTIRE APPLICATION.**

POSITION FOR WHICH YOU ARE APPLYING					DATE	
LAST NAME		FIRST NAME		MI		(please leave this section blank)
ADDRESS			APT #	CITY	STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER		WORK PHONE NUMBER May we contact you here?		
IN CASE OF EMERGENCY, CONTACT: NAME					TELEPHONE	
HOW DID YOU HEAR ABOUT US?						
<input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY NAME _____ OTHER (PLEASE EXPLAIN) _____						
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?			Yes	No	DATES EMPLOYED: FROM: _____ TO: _____	
DO YOU HAVE ANY RELATIVES OR FRIENDS WHO HAVE WORKED, OR NOW WORK, FOR TOCA?						
YES	NO	IF "YES", PLEASE IDENTIFY: _____				
WHAT TYPE OF POSITION ARE YOU SEEKING?						
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME NUMBER OF HOURS PER WEEK _____ <input type="checkbox"/> TEMPORARY						
WHAT IS YOUR DESIRED SALARY RANGE?			_____ Per _____		DATE AVAILABLE FOR WORK? _____	
ARE YOU CURRENTLY EMPLOYED?		Yes	No	MAY WE CONTACT YOUR PRESENT EMPLOYER?		Yes No
HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL VIOLATION OF LAW, OR ARE YOU NOW UNDER PENDING INVESTIGATION OR CHARGES OF VIOLATION OF CRIMINAL LAW? IF YES, PLEASE (USE BACK OF THIS FORM).				Yes	No	(A CRIMINAL CONVICTION IS NOT AN AUTOMATIC BAR TO EMPLOYMENT.)
I ACKNOWLEDGE THAT IF I AM HIRED, MY EMPLOYMENT IS CONDITIONAL PENDING A BACKGROUND INVESTIGATION.						
DO YOU HAVE THE LEGAL RIGHT TO RESIDE AND WORK IN THIS COUNTRY?					Yes	No
PLEASE INDICATE THE LANGUAGE (S) OTHER THAN ENGLISH IN WHICH YOU CAN COMMUNICATE WELL: _____						
EDUCATION						
SCHOOL, CITY, STATE		COURSES			Years Completed	Diploma
HIGH SCHOOL						
UNDERGRADUATE						
GRADUATE/PROFESSIONAL						
OTHER (SPECIFY)						

EMPLOYMENT HISTORY

List most recent employment first. Please include any job-related military service and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

EMPLOYER		ADDRESS			
JOB TITLE		Dates Employed (Month/Year):	From:	To:	
WORK PERFORMED /JOB RESPONSIBILITIES:					
Salary:	Starting	Ending	Supervisor	Phone	May we contact? Yes No
REASON FOR LEAVING:					

EMPLOYER		ADDRESS			
JOB TITLE		Dates Employed (Month/Year):	From:	To:	
WORK PERFORMED /JOB RESPONSIBILITIES:					
Salary:	Starting	Ending	Supervisor	Phone	May we contact? Yes No
REASON FOR LEAVING:					

EMPLOYER		ADDRESS			
JOB TITLE		Dates Employed (Month/Year):	From:	To:	
WORK PERFORMED /JOB RESPONSIBILITIES:					
Salary:	Starting	Ending	Supervisor	Phone	May we contact? Yes No
REASON FOR LEAVING:					

PLEASE ACCOUNT FOR ANY GAPS IN EMPLOYMENT GREATER THAN THREE MONTHS DURING THE LAST FIVE YEARS:

LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY:

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND/OR EXTRA-CURRICULAR ACTIVITIES:

PERSONAL / PROFESSIONAL REFERENCES

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

- I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. _____
- Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? If yes, explain.” (Please use back side of this page.) _____
- Have you ever been debarred or sanctioned from providing services to federally regulated entities? _____
- I acknowledge that if I am offered the position, my employment history, criminal history record, Social Security verification, and Medicare sanction screening will be reviewed to determine eligibility for employment.. _____
- I understand and acknowledge that, unless defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge at any time with or without cause or notice. I acknowledge that any false, incomplete or misleading information I provide on this application form, in a resume or in a pre-employment interview may be grounds to deny my application, or, if discovered later, for immediate dismissal from employment. _____

Applicant Signature _____

Date _____