

PLEASE READ THESE INSTRUCTIONS BEFORE BEGINNING: Do not use pencil, complete this form in ink in your own handwriting, or type. Furnish all requested information by answering all questions. Do not leave any blanks empty; indicate "NA" when not applicable. Bone & Joint Clinic, S.C. is an "Equal Opportunity Employer." It is the policy of Bone & Joint to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, marital status, status with regard to public assistance, status as a disabled veteran, recently separated or other covered veteran, or any other characteristic protected by the Federal, State, or Local law.

Applicants requiring reasonable accommodation to this application and/or interview process should notify Human Resources at the Bone & Joint Center.

<b>PERSONAL DATA</b>	Name (Last, First, MI)		Date			
	If past employment or education records are under another name, please state that name		Current Telephone Number			
	Current Address (Include Street, City, State and Zip Code)		Cell Number			
	Are you at least 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> (If you are under 18, a work permit is required)		E-Mail Address			
	Have you ever plead guilty, no contest, had a suspended imposition of sentence, been convicted of any felony, misdemeanor, or other offense, or are you currently subject to pending criminal charges? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ (If "yes" list the date, county of action and the details of each action. A "yes" response will not necessarily disqualify you for consideration of the job for which you are applying.)					
	Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Bone & Joint Employee <input type="checkbox"/> Walk-In <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Internet/Website <input type="checkbox"/> Name _____ <input type="checkbox"/> Other _____					
	Position(s) for which you are applying (position must be available). An application is required for each position for which you apply.					
	Reason for application (interest in position)					
	Salary/wage desired		Desired employment you seek <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual		Date available for work?	
<b>EDUCATION</b>	<b>Name &amp; Location of School</b>			Diploma or Degree Received	Course of Study	
	High School	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Address				
	College	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Address				
	Other College, Technical, Business, Graduate or Special Military Training	Name			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address						

Please attach additional paper if you need more space to give your complete education history.

Please list your complete employment history, starting with the most current or most recent employer, including any periods of military service, summer or seasonal employment, self employed and/or unemployment. Please attach additional paper if you need more space to give your complete employment history.

**NOTICE: If your resumé is provided as a supplement to this Application form, this page/entire section still needs to be completed (even though some of this information may already be included in your resumé).**

EMPLOYMENT HISTORY	From	To	Employer	Telephone (      )	
	Job Title		Address		
	Immediate Supervisor and Title		Description of Duties		
	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				
	Reason For Leaving		Avg. Number of Hours Worked/Week	Hourly Rate/Salary	
	From	To	Employer	Telephone (      )	
	Job Title		Address		
	Immediate Supervisor and Title		Description of Duties		
	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				
	Reason For Leaving		Avg. Number of Hours Worked/Week	Hourly Rate/Salary	
	From	To	Employer	Telephone (      )	
	Job Title		Address		
	Immediate Supervisor and Title		Description of Duties		
	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				
	Reason For Leaving		Avg. Number of Hours Worked/Week	Hourly Rate/Salary	
	From	To	Employer	Telephone (      )	
	Job Title		Address		
	Immediate Supervisor and Title		Description of Duties		
	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				
	Reason For Leaving		Avg. Number of Hours Worked/Week	Hourly Rate/Salary	
From	To	Employer	Telephone (      )		
Job Title		Address			
Immediate Supervisor and Title		Description of Duties			
May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>					
Reason For Leaving		Avg. Number of Hours Worked/Week	Hourly Rate/Salary		

## PROFESSIONAL LICENSES/CERTIFICATIONS

Type	State	Expiration Date	Registration Number

List all software programs used, office equipment experience:

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Explain any additional training or skills relevant to this position:

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## REFERENCES

List individuals familiar with your employment qualifications (Not relatives or personal friends):

Name (First, Last)	Occupation	Relationship	Day Telephone (       )	No. of Years Known
Name (First, Last)	Occupation	Relationship	Day Telephone (       )	No. of Years Known
Name (First, Last)	Occupation	Relationship	Day Telephone (       )	No. of Years Known

## ACKNOWLEDGEMENT

I certify that all information I have provided in order to apply for and secure work with Bone & Joint Clinic 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 (1) cancel further consideration of this application, or (2) immediately discharge me from the Clinic's service, whenever it is discovered.

I expressly authorize, without reservation, Bone & Joint Clinic, it's 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, resumé 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 Bone & Joint Clinic does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and Bone & Joint Clinic reserves the same right to terminate my employment at any time, with or without cause and without prior notice. 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 Bone & Joint Clinic 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 Bone & Joint Clinic's President.

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

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_